



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Matthew A. Brown, Secretary of State  
Corporations Division  
148 W. River St., Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 126772		2. Name of Corporation LINCOLN RADIOLOGY, INC.			
3. Street Address Principal Business Office 4 PADDOCK DRIVE			City LINCOLN	State RI	Zip 02865-
4. Business Phone No. 4017291339		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island FOR RADIOLOGY PRACTICE AND ANY OTHER FORMS OF MEDICAL IMAGING					
President Name DAVID GUNASTI			Vice President Name NONE		
Street Address 4 PADDOCK DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Secretary Name DAVID GUNASTI			Treasurer Name DAVID GUNASTI		
Street Address 4 PADDOCK DRIVE			Street Address 4 PADDOCK DRIVE		
City LINCOLN	State RI	Zip 02865	City LINCOLN	State RI	Zip 02865
Director Name DAVID GUNASTI			Director Name		
Street Address 4 PADDOCK DRIVE			Street Address		
City LINCOLN	State RI	Zip 02865	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	\$1.00 PAR VALUE		500	COMMON	\$500.00

RECEIVED  
CORPORATIONS DIV  
FEB -6 PM 2:31

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.



1 2 6 7 7 2

\*126772 DBC 01 23 05 0 01 42 PM\*  
 FILED  
 File Date  
 Check No. FEB 06 2012  
 By: [Signature] 102665  
 FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]  
 Signature of Officer  
 DAVID GUNASTI  
 Print or Type Name of Officer  
 PRESIDENT  
 Title of Officer  
 Date 1/20/12