



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. 148508		2. Name of Corporation North Smithfield Radiology, Inc.			
3. Street Address Principal Business Office 63 EDDIE DOWLING HIGHWAY			City NORTH SMITHFIELD	State RI	Zip 02896-
4. Business Phone No. 4016582440		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island MEDICAL IMAGING AND RELATED MEDICAL SERVICES					
President Name DAVID GUNASTI			Vice President 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
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			Director Name		
Street Address			Street Address		
City	State	Zip	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
1,000	\$1.00 PAR VALUE		1000 SHARES	COMMON	\$1000.00

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SECRETARY OF STATE
CORPORATIONS DIV

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.



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148508 DBC 016207092746 PM
FILED
File Date
Check No. FEB 06 2012
By: [Signature]
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] 1/20/12
Signature of Officer Date
DAVID GUNASTI
Print or Type Name of Officer
PRESIDENT
Title of Officer