



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 639349		2. Exact name of the Corporation Mammography Reporting System, Inc.			
3. Principal office address 9709 3rd Ave NE, Suite 208			City Seattle	State WA	Zip 98115-2027
4. Business Phone No. (206) 631-8738		5. State of Incorporation Washington			
6. Brief description of the character of business conducted in Rhode Island Health Care Software					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Mark Morris			Vice-President Name Tom Williams		
Street Address 11317 238th St SW			Street Address 15127 NE 24th, #243		
City Woodway	State WA	Zip 98020	City Redmond	State WA	Zip 98052
Secretary Name Mark Morris			Treasurer Name Ralph Porter		
Street Address 11317 238th St SW			Street Address 20105 8th Drive SE		
City Woodway	State WA	Zip 98020	City Bothell	State WA	Zip 98012
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Stan Sieberg			Director Name Ken Heilbrunn		
Street Address 40 N Mesilla Ln			Street Address 2025 41st Ave E		
City Casa Grande	State AZ	Zip 85194	City Seattle	State WA	Zip 98112
Director Name Andy Miller			Director Name Richard Graves		
Street Address 1626 Federal Ave E			Street Address 2450 Aurora Ave N, #416		
City Seattle	State WA	Zip 98102	City Seattle	State WA	Zip 98109
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			667361	Common	\$.01

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 SECRETARY OF STATE
 CORPORATIONS DIV
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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.

File Date _____
 Check No _____
 By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
 MAR 06 2012
 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 of Authorized Representative: *Ralph Porter*
 Date: 02/29/2012
 Print or Type Name of Authorized Representative: **Ralph Porter**

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