



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 2013

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. 19215		2. Exact name of the Corporation OCEAN STATE RADIOLOGY, INC.		
3. Principal office address 6 OYSTER POINT		City WARREN	State RI	Zip 02885
4. Business Phone No. (401) 247-2845		5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island PRACTICE OF RADIOLOGY				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name PAUL C. HESSLER, III		Vice-President Name PAUL C. HESSLER, III		
Street Address 6 OYSTER POINT		Street Address 6 OYSTER POINT		
City WARREN	State RI	Zip 02885	City WARREN	State RI
Secretary Name PAUL C. HESSLER, III		Treasurer Name PAUL C. HESSLER, III		
Street Address 6 OYSTER POINT		Street Address 6 OYSTER POINT		
City WARREN	State RI	Zip 02885	City WARREN	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name PAUL C. HESSLER, III		Director Name NONE		
Street Address 6 OYSTER POINT		Street Address NONE		
City WARREN	State RI	Zip 02885	City NONE	State NONE
Director Name NONE		Director Name NONE		
Street Address NONE		Street Address NONE		
City NONE	State NONE	Zip NONE	City NONE	State NONE
9. SHARES AUTHORIZED				
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.		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
		NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE NO PAR

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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

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.

Paul C. Hessler III 06/28/2013
 Signature of Authorized Representative Date
PAUL C. HESSLER, III PRESIDENT
 Print or Type Name of Authorized Representative

FILED

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By 49-200647
A.A 9:10A.M.