



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* 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. 512770		2. Name of Corporation American Radiographics, Inc.			
3. Street Address Principal Business Office 68 Buttonwood Street			City Bristol	State RI	Zip 02809
4. Business Phone No. 401-253-5500		5. State of Incorporation Massachusetts			
6. Brief Description of the Character of Business Conducted in Rhode Island Remanufacture and sale of diagnostic x-ray equipment					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Krishnan Suthanthiran			Vice President Name		
Street Address 6718 Springfield Drive			Street Address		
City Lorton	State VA	Zip 22079	City	State	Zip
Secretary Name Ruth Bergin			Treasurer Name Krishnan Suthanthiran		
Street Address 6049 N. Morgan Street			Street Address 6718 Springfield Drive		
City Alexandria	State VA	Zip 22312	City Lorton	State VA	Zip 22079
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Krishnan Suthanthiran			Director Name		
Street Address 6718 Springfield Drive			Street Address		
City Lorton	State VA	Zip 22079	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION <u>MUST</u> BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000	Common	No Par	3000	Common	No Par

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

FEB 11 2014

BY

11444

Signature

Ruth Bergin

Print or Type Name

Secretary

Title

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.

1/3/2014
Date