



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 2014

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 4 PADDOCK DRIVE | | | City LINCOLN | State RI | Zip 02865 |
| 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 | | | | | |
| 7. OFFICERS AND DIRECTORS OF THE CORPORATION (SEE INSTRUCTIONS FOR FILING) (SEE INSTRUCTIONS FOR FILING) (SEE INSTRUCTIONS FOR FILING) | | | | | |
| 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 |
| 8. DIRECTORS OF THE CORPORATION (SEE INSTRUCTIONS FOR FILING) (SEE INSTRUCTIONS FOR FILING) (SEE INSTRUCTIONS FOR FILING) | | | | | |
| 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 |
| 9. SHARES OF INFORMATION (SEE INSTRUCTIONS FOR FILING) (SEE INSTRUCTIONS FOR FILING) (SEE INSTRUCTIONS FOR FILING) | | | | | |
| 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 |

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.



FILED

FEB 27 2014

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 Officer
DAVID GUNASTI
Print or Type Name of Officer
PRESIDENT
Title of Officer

148508 DBC 01/02/07 04:27:46 PM

File Date

BY

Check No.

By:

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