



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					
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	
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	
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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2014 FEB 27 AM 10:46

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.

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

File Date \_\_\_\_\_ BY \_\_\_\_\_

Check No. 1495

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

21848

Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

DAVID GUNASTI

Print or Type Name of Officer

PRESIDENT

Title of Officer