



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. 126773		2. Name of Corporation NATE WHIPPLE RADIOLOGY, INC.			
3. Street Address Principal Business Office 175 NATE WHIPPLE HIGHWAY		City CUMBERLAND	State RI	Zip 02864-	
4. Business Phone No. 4016582440		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island FOR RADIOLOGY PRACTICE AND ANY OTHER FORMS OF MEDICAL IMAGING					
OFFICERS AND DIRECTORS					
President Name DAVID GUNASTI		Vice President Name NONE			
Street Address 4 PADDOCK DRIVE		Street Address			
City LINCOLN	State RI	Zip 02865	City	State Zip	
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
DIRECTORS					
Director Name DAVID GUNASTI		Director Name			
Street Address 4 PADDOCK DRIVE		Street Address			
City LINCOLN	State RI	Zip 02865	City	State Zip	
Director Name		Director Name			
Street Address		Street Address			
City	State	Zip	City	State Zip	
SHARES					
AUTHORIZED SHARES		ISSUED SHARES			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500	\$1.00 PAR VALUE		500	COMMON	\$500.00

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

218482

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.

David Gunasti
Signature of Officer Date

DAVID GUNASTI

Print or Type Name of Officer

PRESIDENT

Title of Officer

126773 DBC 01/23/06 01:21:43 PM

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY

Form 359-12-05