



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 2014

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. 000007960		2. Exact name of the Corporation Saint Joseph's Radiology Associates, Inc.		
3. Principal office address 41 Sharpe Drive		City Cranston	State RI	Zip 02920
4. Business Phone No. 401-572-3120		5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Physicians' office - Radiological Services				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name Mark A. Geist, MD		Vice-President Name Steven Weisblatt, MD		
Street Address 26 Humbolt Ave.		Street Address 14 Massasoit Ave.		
City Providence	State RI	Zip 02904	City Pawtucket	State RI Zip 02861
Secretary Name Vice President Rahul Somvanshi, MD		Treasurer Name		
Street Address 245 Spring Valley Dr.		Street Address		
City E. Greenwich	State RI	Zip 02818	City	State Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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 AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		7000	CNP	\$0.00

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.

File Date _____ FILED

Check No _____ FEB 28 2014

By: _____ BY 38433

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.

Signature of Authorized Representative MA Geist Date 2/27/14

Print or Type Name of Authorized Representative Mark Geist, MD