



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2014

1. Corporate ID No. 000152221

2. Name of Corporation Diagnostic Imaging Foundation

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 20 CATAMORE BOULEVARD

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

RAISING FUNDS IN SUPPORT OF SCIENTIFIC RESEARCH AND EDUCATION IN RADIOLOGY, AND MORE SPECIFICALLY, DIAGNOSTIC IMAGING

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	JOHN J. CRONAN MD	20 CATAMORE BOULEVARD EAST PROVIDENCE, RI 02914 USA
TREASURER	RICHARD NOTO MD	20 CATAMORE BLVD EAST PROVIDENCE, RI 02914 USA

SECRETARY	RICHARD NOTO MD	20 CATAMORE BOULEVARD EAST PROVIDENCE, RI 02914 USA
DIRECTOR	JACK A. ELIAS MD	97 WATERMAN ST. PROVIDENCE, RI 02912 USA
DIRECTOR	JOHN J. CRONAN MD	20 CATAMORE BOULEVARD EAST PROVIDENCE, RI 02914 USA
DIRECTOR	RICHARD NOTO MD	20 CATAMORE BOULEVARD EAST PROVIDENCE, RI 02914 USA
DIRECTOR	TIMOTHY J. BABINEAU MD	20 CATAMORE BLVD EAST PROVIDENCE, RI 02914 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

RHODE ISLAND MEDICAL IMAGING, INC. 20 CATAMORE BOULEVARD EAST PROVIDENCE , RI 02914-

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 2 Day of June, 2014 at 11:58:49 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By WAYNE R. ARRUDA
Signature of Authorized Person

Form No. 631
Revised 09/07

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