



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 **2015**

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. 1227		2. Exact name of the Corporation Aquidneck Radiologists, Inc.			
3. Principal office address Friendship Street			City Newport	State RI	Zip 02840
4. Business Phone No.			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Radiologists					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name William Martland, M.D.			Vice-President Name Jeffrey P. Houston, M.D.		
Street Address 226 Coggeshall Avenue			Street Address 160 Vaucluse Avenue		
City Newport	State RI	Zip 02840	City Middletown	State RI	Zip 02842
Secretary Name Theodore J. Kutcher, Jr., M.D.			Treasurer Name Theodore J. Kutcher, Jr., M.D.		
Street Address 24 Cedar Street			Street Address 24 Cedar Street		
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name William Martland M.D.			Director Name Theodore J. Kutcher, Jr., M.D.		
Street Address 226 Coggeshall Avenue			Street Address 24 Cedar Street		
City Newport	State RI	Zip 02840	City Narragansett	State RI	Zip 02882
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
			1000	COMMON	\$1.00

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 _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

FEB 25 2015

BY _____

8239

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.

Theodore J. Kutcher Jr. 2/12/2015
 Signature of Authorized Representative Date
 Theodore J. Kutcher
 Print or Type Name of Authorized Representative