



**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

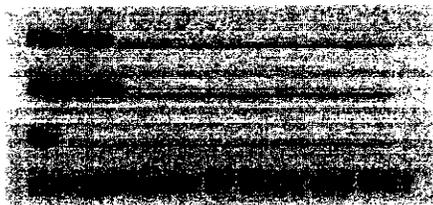
**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

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. <b>100642</b>		2. Exact name of the Corporation <b>BRISTOL COUNTY OPEN MRI SERVICES, INC.</b>					
3. Principal office address <b>1182 Hope Street</b>				City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-0000</b>	
4. Business Phone No.				5. State of Incorporation <b>RI</b>			
6. Brief description of the character of business conducted in Rhode Island <b>to provide MRI, diagnostic imaging services and any other lawful purpose</b>							
President Name <b>Charles Rosenthal, M.D.</b>				Vice-President Name <b>Vincent I. Frazzini, M.D.</b>			
Street Address <b>1182 Hope Street</b>				Street Address <b>1182 Hope Street</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-</b>	
Secretary Name <b>Nicholas D. Iannuccilli, M.D.</b>				Treasurer Name <b>Anthony Bruzzese, M.D.</b>			
Street Address <b>1182 Hope Street</b>				Street Address <b>1182 Hope Street</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-</b>	
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b> <input type="checkbox"/>							
Director Name <b>Nicholas D. Iannuccilli, M.D.</b>				Director Name <b>Charles Rosenthal, M.D.</b>			
Street Address <b>1182 Hope Street</b>				Street Address <b>1182 Hope Street</b>			
City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-</b>		City <b>Bristol</b>	State <b>RI</b>	Zip <b>02809-</b>	
Director Name <b>none</b>				Director Name <b>none</b>			
Street Address <b>none</b>				Street Address <b>none</b>			
City <b>none</b>	State <b>none</b>	Zip <b>none</b>		City <b>none</b>	State <b>none</b>	Zip <b>none</b>	
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	
				<b>240</b>	<b>Common</b>	<b>No Par</b>	

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**

**MAR 24 2016**

**9719**

BY

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.

*Charles Rosenthal* 1/04/2016  
 Signature of Authorized Representative Date

**Charles Rosenthal, M.D.**  
 Print or Type Name of Authorized Representative  
**President**