



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.

RECEIVED
 SECRETARY OF
 CORPORATION
 2016 MAR 31
 2:13

1. Entity ID No. 144831		2. Exact name of the Corporation SOUTHEASTERN NEW ENGLAND DIAGNOSTIC SERVICES, INC.			
3. Principal office address 1050 WARWICK AVENUE			City WARWICK	State RI	Zip 02888
4. Business Phone No. 401-467-6210			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island MEDICAL SERVICES					
President Name JOHN D LOWNEY			Vice-President Name		
Street Address 41 KING PHILIP CIRCLE			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Secretary Name JOHN D LOWNEY			Treasurer Name JOHN D LOWNEY		
Street Address 41 KING PHILIP CIRCLE			Street Address 41 KING PHILIP CIRCLE		
City WARWICK	State RI	Zip 02888	City WARWICK	State RI	Zip 02888
Director Name JOHN D LOWNEY			Director Name		
Street Address 41 KING PHILIP CIRCLE			Street Address		
City WARWICK	State RI	Zip 02888	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	CNP	NO PAR

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.



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.

FILED

Signature of Authorized Representative _____ Date _____
JOHN D LOWNEY, PRESIDENT

Print or Type Name of Authorized Representative

MAR 31 2016

By 271418