

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

JAN 2 0 2017



→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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Bt	9790	

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1. Ent	ity ID Number	2. Exact name of the Corporation							
İ	19058	X-RAY SE	RVICES, INC.						
2 Drir	oinal Office Address			City		State	17in		
3. Principal Office Address 1515 Smith Street				N.Prov	uidanaa		Zip		
	1313 Simul Street			N.FIOV	luence	RI	02911-0000		
4. Bus	iness Phone Number:	6. Brief descrip	tion of the charac	ter of business of	conducted in Rhode Is	land	1		
ı	(401) 353-1600	to perform	1 x-ray services						
5. Sta	te of Incorporation								
	KJ								
7 Liet	All officers (names and ad	dresses)			Chack t	ha hay ta indicate	an attachment		
7. List ALL officers (names and addresses) President Name				Check the box to indicate an attachment Vice-President Name					
President Name Nicholas D. Iannuccilli				Vice-President Name Nicholas D. Iannuccilli					
Street	Address			Street Address	<u> </u>				
Street Address 1515 Smith Street				1515 Smith Street					
City		State	Žip	City		State	Zip		
	N. Providence	RI	Zip 02911-	N. Pro	vidence	RI	02911-		
Secreta	ary Name		•		Treasurer Name				
	Nicholas D. lannuccilli			Nicholas D. Iannuccilli					
Street Address				Street Address 1515 Smith Street					
	1515 Smith Street				mith Street				
City	N. Providence	State RI	Zip 02911-	City N. Pro	vidence	State RI	Zip 02911-		
			02711-	14.110					
	ALL directors (names and a	ddresses)		les:		he box to indicate	e an attachment 🔲		
Director Name Nicholas D. Iannuccilli				Director Name					
			10 10 10 10 10 10 10 10 10 10 10 10 10 1						
Street Address 1515 Smith Street				Street Address none					
City		TState	Zip	City		State	Zin		
City	N. Providence	State RI	^{Zip} 02911-	none		none	Zip none		
Directo	r Name			Director Name			<u></u>		
5.,00.0	none			none	•				
Street Address				Street Address					
	none			none					
City		State	Zip none	City none		State	Žip none		
	none	none	none	none none		none	none		
9. Shares Authorized			10. Shares Issued Che			eck the box to indicate an attachment			
This information is currently of record in the			NUMBER OF SHARES CLASS		CLASS/SERIES	/SERIES PAR VALUE			
Department of State. Changes require an additional filing.		100		Соттол		No Par			
			100			110 1 111			
11 Thi	s report must be executed o	n behalf of the co	omoration by an a	uthorized repres	entative. If the comor	ation is in the har	nds of a receiver or		
	, this report must be execute						ida or a receiver or		
	penalty of perjury, I declar					panying schedu	les and		
statements, and that all statements contained herein are true and correct.									
	of Authorized Representative	е	//		Date				
Nicholas D. Iannuccilli			Pres	President			1/02/2017		
Signat	ure of Authorized Representa	ative -	-/-//			L			
1 CT (De 1 de la constante de									
	6/hours		ما من و الحام	OMENTAL	NE				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov