



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 20 2017

BY 2495

1. Entity ID Number 19058		2. Exact name of the Corporation X-RAY SERVICES, INC.			
3. Principal Office Address 1515 Smith Street			City N.Providence	State RI	Zip 02911-0000
4. Business Phone Number: (401) 353-1600		6. Brief description of the character of business conducted in Rhode Island to perform x-ray services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Nicholas D. Iannuccilli			Vice-President Name Nicholas D. Iannuccilli		
Street Address 1515 Smith Street			Street Address 1515 Smith Street		
City N. Providence	State RI	Zip 02911-	City N. Providence	State RI	Zip 02911-
Secretary Name Nicholas D. Iannuccilli			Treasurer Name Nicholas D. Iannuccilli		
Street Address 1515 Smith Street			Street Address 1515 Smith Street		
City N. Providence	State RI	Zip 02911-	City N. Providence	State RI	Zip 02911-
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Nicholas D. Iannuccilli			Director Name none		
Street Address 1515 Smith Street			Street Address none		
City N. Providence	State RI	Zip 02911-	City none	State none	Zip none
Director Name none			Director Name none		
Street Address none			Street Address none		
City none	State none	Zip none	City none	State none	Zip none
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100		Common	No Par
11. 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.					
Name of Authorized Representative Nicholas D. Iannuccilli President				Date 1/02/2017	
Signature of Authorized Representative SIGN DOCUMENT HERE					

MAIL TO:
Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov