



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

**Annual Report for the year: 2017**  
**Non-Profit Corporation**

- Filing period: June 1 - June 30  
→ Filing Fee: \$20.00  
→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

1. Entity ID Number <b>000152221</b>		2. Exact name of the Corporation <b>Diagnostic Imaging Foundation</b>			
3. State of Incorporation <b>Rhode Island</b>		5. Brief description of the character of business conducted in Rhode Island <b>Raising funds in support of scientific research and education in radiology</b>			
4. NAICS Code <b>813219 - Other Grantmaking</b>					
6. Principal Office Address <b>20 Catamore Blvd</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John J. Cronan MD</b>		Vice-President Name <b>none</b>			
Street Address <b>20 Catamore Blvd</b>		Street Address			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name <b>John A. Pezzullo III MD</b>		Treasurer Name <b>John A. Pezzullo III MD</b>			
Street Address <b>20 Catamore Blvd</b>		Street Address <b>20 Catamore Blvd</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses). RI Corporations <b>MUST</b> list at least <b>THREE</b> directors. <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>John J. Cronan MD</b>		Director Name <b>Jack A. Elias MD</b>			
Street Address <b>20 Catamore Blvd</b>		Street Address <b>97 Waterman Street</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02906</b>
Director Name <b>John A. Pezzullo III MD</b>		Director Name <b>Timothy J. Babineau MD</b>			
Street Address <b>20 Catamore Blvd</b>		Street Address <b>20 Catamore Blvd</b>			
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
<b>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.</b>					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative <b>JOHN J. CRONAN, MD</b>				Date <b>6/15/17</b>	
Signature of Officer/Authorized Representative 				<b>FILED</b>	

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

JUN 22 2017

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