



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

Certificate of Authority

FOREIGN Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is: Ocean Radiology Associates, P.C.		
2. It is incorporated under the laws of: Connecticut		
3. The name, if different, which it elects to use in Rhode Island is: (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:		
4. The date of its incorporation is: 8/23/84 And the period of its duration is: CHECK ONLY ONE BOX <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> Date certain for dissolution _____		
5. The address of its principal office is: 365 Montauk Avenue New London Connecticut 06320		
6. The name and address of the initial registered agent/office of in Rhode Island: Agent Name Daniel Diffin, M.D. Street Address (NOT a P.O. Box) 18 Hiscox Road City/Town Westerly State RHODE ISLAND Zip Code 02891		

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:
Provide professional component diagnostic radiology interpretations at Westerly Hospital

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

NAME	ADDRESS
Todd M. Blue, M.D.	4 Vaccinium Way Old Lyme CT 06371
Arun Basu, M.D.	4 Wynn Circle East Lyme CT 06333
Robert Cross, M.D.	11 Fordham Trail Old Saybrook CT 06475
Tibor Kereshi, M.D.	41 Leeward Lane Groton CT 06340

Check the box to indicate an attachment. ☒

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

OFFICE	NAME	ADDRESS
PRESIDENT	Todd M. Blue, M.D.	4 Vaccinium Way Old Lyme CT 06371
VICE PRESIDENT	Arun Basu, M.D.	4 Wynn Circle East Lyme CT 06333
TREASURER	Arun, Basu, M.D.	4 Wynn Circle East Lyme CT 06333
SECRETARY	Ira Sitko, M.D.	11 Tanglewood Drive East Lyme CT 06333

Check the box to indicate an attachment. ☐

9. The aggregate number of shares which it has authority to issue; itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
80	Non Par		\$0

10. (a) Estimate, in dollars, the value of all property to be owned by the corporation for the following year, wherever located:

\$ 10,000

(b) Estimate, in dollars, the value of the corporation's property to be located within Rhode Island during the following year:

\$ 1,000

(c) Estimate, **as a percentage**, the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. *Note: Divide (10b) by (10a) and multiply by 100 to obtain the percentage.*

10 %

11. (a) Estimate, in dollars, the gross amount of business to be transacted by the corporation during the following year. <div style="text-align: center;">\$ <u>8,000,000</u></div>	(b) Estimate, in dollars, the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year. <div style="text-align: center;">\$ <u>1,500,000</u></div>
(c) Estimate, as a percentage , the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. <i>Note: Divide (11b) by (11a) and multiply by 100 to obtain the percentage.</i> <div style="text-align: center;"><u>18.75</u> %</div>	
12. This application must be accompanied by a Certificate of Good Standing/Letter of Status issued by the proper officer of the state or country under the laws of which it is incorporated that is dated within 60 days of the filing of this document.	
13. Date when the Certificate of Authority will be effective: CHECK ONLY ONE BOX	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the day of filing) _____	
<i>Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.</i>	
Type or Print Name of Authorized Officer Todd M. Blue, M.D.	Date <div style="text-align: center; font-size: 1.2em;">10.31.17</div>
Signature of Authorized Officer of the Corporation <div style="display: flex; align-items: center;"> <div style="flex: 1;"> </div> <div style="flex: 1; text-align: center; font-weight: bold; font-size: 0.8em;">SIGN DOCUMENT HERE</div> </div>	

Ocean Radiology Associates, P.C.
Supplemental Directors to Question 8a
For Rhode Island Form 150

Director Name

Address

Louis Mazzairelli, M.D.
Sheldon Robbins, M.D.
Ira Sitko, M.D.
John Sorrentino, M.D.

18 Darrows Road, East Lyme CT 06333
16-1 Bailey Road, Old Lyme CT 06371
11 Tangelwood Drive, East Lyme 06333
15 Tanglewood Drive, East Lyme CT 06333

Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof,
DO HEREBY CERTIFY, that the certificate of incorporation of

OCEAN RADIOLOGY ASSOCIATES, P.C.

a domestic STOCK corporation, was filed in this office on August 22, 1984.

A certificate of amendment for OCEAN RADIOLOGICAL ASSOCIATES, P.C., changing its name to
OCEAN RADIOLOGY ASSOCIATES, P.C., was filed on January 04, 1985.

A certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as
indicated by the records of this office such corporation is in existence.



Secretary of the State

Date Issued: October 23, 2017