



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.

1. Entity ID Number 000697855		2. Exact name of the Corporation U.S. Lab & Radiology, Inc.			
3. Principal Office Address 930 Ridgebrook Road, 3rd Floor			City Sparks	State MD	Zip 21152
4. NAICS Code 621512		6. Brief description of the character of business conducted in Rhode Island Provider of Mobile Laboratory and radiology services			
5. State of Incorporation DE					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input checked="" type="checkbox"/>
President Name Mark Parrish			Vice-President Name Alan Morrison		
Street Address 101 Rock Road			Street Address 101 Rock Road		
City Horsham	State PA	Zip 19044	City Horsham	State PA	Zip 19044
Secretary Name Alan Morrison			Treasurer Name Anthony Zingarelli		
Street Address 101 Rock Road			Street Address 101 Rock Road		
City Horsham	State PA	Zip 19044	City Horsham	State PA	Zip 19044
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SER.ES	PAR VALUE
		1000			0.01
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. <i>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.</i>					
Name of Authorized Representative Mark Parrish, Director				Date October 2, 2017	
Signature of Authorized Representative 				2:05 pm FILED KLM	

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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