



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2018**
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 19056		2. Exact name of the Corporation X-RAY ASSOCIATES, INCORPORATED			
3. Principal Office Address 65 SOCKANOSSET CROSSROAD			City CRANSTON	State RI	Zip 02920
4. NAICS Code 62 		6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL MEDICAL CORPORATION			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
President Name DAVID W. ROWE, MD			Vice-President Name RICHARD A. BLACK, MD		
Street Address 65 SOCKANOSSET CROSSROAD			Street Address 65 SOCKANOSSET CROSSROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name JEFFREY E. SILVERSTEIN, MD			Treasurer Name JAMES W. BLECHMAN, MD		
Street Address 65 SOCKANOSSET CROSSROAD			Street Address 65 SOCKANOSSET CROSSROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name DAVID W. ROWE, MD			Director Name RICHARD A. BLACK, MD		
Street Address 65 SOCKANOSSET CROSSROAD			Street Address 65 SOCKANOSSET CROSSROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Director Name JEFFREY E. SILVERSTEIN, MD			Director Name JAMES W. BLECHMAN, MD		
Street Address 65 SOCKANOSSET CROSSROAD			Street Address 65 SOCKANOSSET CROSSROAD		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
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 VALUE	
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 DAVID W. ROWE, MD				Date 3/6/2018	
Signature of Authorized Representative <i>DR</i>					

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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X-RAY ASSOCIATES, INCORPORATED
#19056

2018 Annual Report Attachment

7. OFFICERS (cont'd):

James W. Blechman, M.D.
Vice President
65 Sockanosset Crossroad
Cranston, RI 02920

Naveh Levy, M.D.
Vice President
65 Sockanosset Crossroad
Cranston, RI 02920

8. DIRECTORS (cont'd):

Naveh Levy, M.D.
65 Sockanosset Crossroad
Cranston, RI 02920

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