



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

Annual Report for the year: **2018**

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.

FILED *[Handwritten Signature]*
 JUN 11 2018
 BY 21032

1. Entity ID Number 000152221		2. Exact name of the Corporation Diagnostic Imaging Foundation			
3. State of Incorporation Rhode Island		5. Brief description of the character of business conducted in Rhode Island Raising funds in support of scientific research and education in radiology			
4. NAICS Code 813219 - Other Grantmaking					
6. Principal Office Address 20 Catamore Blvd			City East Providence	State RI	Zip 02914
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name John J. Cronan MD			Vice-President Name none		
Street Address 20 Catamore Blvd			Street Address		
City East Providence	State RI	Zip 02914	City	State	Zip
Secretary Name John A. Pezzullo III MD			Treasurer Name John A. Pezzullo III MD		
Street Address 20 Catamore Blvd			Street Address 20 Catamore Blvd		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John J. Cronan MD			Director Name Jack A. Elias MD		
Street Address 20 Catamore Blvd			Street Address 97 Waterman Street		
City East Providence	State RI	Zip 02914	City Providence	State RI	Zip 02906
Director Name John A. Pezzullo III MD			Director Name Timothy J. Babineau MD		
Street Address 20 Catamore Blvd			Street Address 20 Catamore Blvd		
City East Providence	State RI	Zip 02914	City East Providence	State RI	Zip 02914
9. Registered Agent in Rhode Island. This information is currently of record in the Department of State. Changes require filing Form 641.					
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>This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee</i>					
Name of Officer/Authorized Representative John A. Pezzullo III MD					Date 6-1-2018
Signature of Officer/Authorized Representative <i>John A. Pezzullo III MD</i>					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