



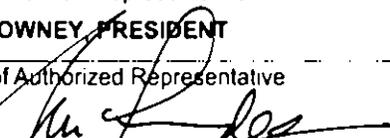
State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV STAMP

2018 OCT 19 AM 10:59 FOR SECRETARY OF STATE USE ONLY

1. Entity ID Number <b>144831</b>		2. Exact name of the Corporation <b>SOUTHEASTERN NEW ENGLAND DIAGNOSTIC SERVICES, INC.</b>			
3. Principal Office Address <b>1050 WARWICK AVENUE</b>		City <b>WARWICK</b>		State <b>RI</b>	Zip <b>02888</b>
4. NAICS Code <b>621111</b> <small>SS</small>		6. Brief description of the character of business conducted in Rhode Island <b>MEDICAL SERVICES</b>			
5. State of Incorporation <b>RHODE ISLAND</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 D LOWNEY</b>			Vice-President Name		
Street Address <b>41 KING PHILIP CIRCLE</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Secretary Name <b>JOHN D LOWNEY</b>			Treasurer Name <b>JOHN D LOWNEY</b>		
Street Address <b>41 KING PHILIP CIRCLE</b>			Street Address <b>41 KING PHILIP CIRCLE</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOHN D LOWNEY</b>			Director Name		
Street Address <b>41 KING PHILIP CIRCLE</b>			Street Address		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02888</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>100</b>	<b>CNP</b>	<b>NO PAR</b>
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. 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.					
Name of Authorized Representative <b>JOHN D LOWNEY, PRESIDENT</b>					Date <b>10/18/18</b>
Signature of Authorized Representative 					<b>FILED</b> ←
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

OCT 19 2018 10:59

BY CW 09439