RI SOS Filing Number: 201986445290 Date: 2/12/2019 4:00:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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CORPORATIONS DIV

2019 FEB 11 AM 8:38

Annual Report for the year: 2019

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	2. Exact name of the Corporation
000126773	**Nate Whipple Radiology, Inc.**

3. Principal Office Address	City	State	Zip
175 Nate Whipple Highway	**Cumberland**	**RI**	**02864**

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541990	**For Radiology Practice and any other Forms of Medical Imaging**
5. State of Incorporation: **Rhode Island**	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name **David Gunasti**			Vice-President Name		
Street Address **4 Paddock Drive**			Street Address		
City **Lincoln**	State **RI**	Zip **02865**	City	State	Zip
Secretary Name **David Gunasti**			Treasurer Name **David Gunasti**		
Street Address **4 Paddock Drive**			Street Address **4 Paddock Drive**		
City **Lincoln**	State **RI**	Zip **02865**	City **Lincoln**	State **RI**	Zip **02865**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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 — Check the box to indicate an attachment ☐		
This Information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	**500**	**Common**	**$500.00**

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	Date
David Gunasti	1/11/19

Signature of Authorized Representative: X _____ SIGN DOCUMENT HERE

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BY Cu G2/25

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017