



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

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 SECRETARY OF STATE  
 CORPORATIONS DIV

Annual Report for the year: **2019**  
 Corporation

2019 FEB 11 AM 8:38

- 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 <b>000126773</b>		2. Exact name of the Corporation <b>Nate Whipple Radiology, Inc.</b>			
3. Principal Office Address <b>175 Nate Whipple Highway</b>			City <b>Cumberland</b>	State <b>RI</b>	Zip <b>02864</b>
4. NAICS Code <b>541990</b>		6. Brief description of the character of business conducted in Rhode Island <b>For Radiology Practice and any other Forms of Medical Imaging</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>David Gunasti</b>			Vice-President Name		
Street Address <b>4 Paddock Drive</b>			Street Address		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City	State	Zip
Secretary Name <b>David Gunasti</b>			Treasurer Name <b>David Gunasti</b>		
Street Address <b>4 Paddock Drive</b>			Street Address <b>4 Paddock Drive</b>		
City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>	City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</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			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 <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
			500		Common
			PAR VALUE		\$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. <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 <b>David Gunasti</b>				Date <b>1/14/19</b>	
Signature of Authorized Representative 				Date	
				<b>FILED</b> 8:38	

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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