



Office of the Secretary of State  
 Matthew A. Brown, Secretary of State

Providence, RI 02903-1555  
 401-222-3040

**NON-PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: June 1 - June 30 • Filing Fee: \$20.00  
 FORM MUST BE TYPED OR PRINTED IN BLACK

1. Corporate ID No. <b>122921</b>		2. Name of Corporation <b>Radiological Society of Rhode Island, Inc.</b>			
3. State of Incorporation <b>RHODE ISLAND</b>		4. Corporate address in Rhode Island - Street Address <b>20 Catamore Blvd. c/o Mark Ridlen, MD</b>		City <b>East Providence, RI</b>	Zip <b>02914</b>
5. Foreign corporation. Enter principal office address			City	State	Zip
6. Brief Description of the character of the affairs which are actually conducted in Rhode Island <b>ADVANCING THE SCIENCE OF RADIOLOGY, IMPROVING RADIOLOGIC SERVICE TO PATIENTS AND THE MEDICAL COMMUNITY, STUDYING THE ECONOMICS OF RADIOLOGY</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
8. President Name <b>MARK RIDLEN, M.D.</b>		9. Vice President Name <b>JAY DUXIN, M.D.</b>			
10. Street Address <b>593 Eddy Street</b>		11. Street Address <b>593 Eddy Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
12. Secretary Name <b>MARTHA MAINIERO, M.D.</b>		13. Treasurer Name <b>JOHN PEZZULLO, M.D.</b>			
14. Street Address <b>593 Eddy Street</b>		15. Street Address <b>593 Eddy Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
16. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
17. E NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23					
18. Director Name <b>Timothy Murphy, M.D.</b>		19. Director Name <b>Steven Weisblatt, M.D.</b>			
20. Street Address <b>593 Eddy Street</b>		21. Street Address <b>593 Eddy Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
22. Director Name <b>Mark Ridlen, M.D.</b>		23. Director Name <b>Jay Duxin, M.D.</b>			
24. Street Address <b>593 Eddy Street</b>		25. Street Address <b>593 Eddy Street</b>			
City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
26. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78					
27. Name <b>JOHN P. MCCOY, Esquire</b>		28. Address <b>CARROLL, KELLY &amp; MURPHY</b>			
29. Address <b>NE TURKS HEAD PLACE, SUITE 400</b>			City <b>PROVIDENCE</b>	Zip <b>02903-2219</b>	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 2 9 2 1 \*

File Date 8/30/04  
 Check No. 35651  
DA  
 FOR SECRETARY OF STATE USE ONLY

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.

Mark Ridlen August 27, 2004  
 Signature of Officer Date  
**Mark Ridlen, M. D.**  
 Print or Type Name of Officer  
~~SECRETARY~~ President  
 Title of Officer



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1. Corporate ID No. 122921	2. Name of Corporation Radiological Society of Rhode Island, Inc.		
3. State of Incorporation RHODE ISLAND	4. Corporate address in Rhode Island - Street Address 593 Eddy Street	City Providence	Zip 02903
5. Foreign corporation. Enter principal office address		City	State RI

6. Brief Description of the character of the affairs which are actually conducted in Rhode Island.  
ADVANCING THE SCIENCE OF RADIOLOGY, IMPROVING RADIOLOGIC SERVICE TO PATIENTS AND THE MEDICAL COMMUNITY, STUDYING THE ECONOMICS OF RADIOLOGY

7. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Timothy Murphy, M.D.			Vice President Name Steven Weisblatt, M.D.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Mark Ridlen, M.D.			Treasurer Name Jay Duxin, M.D.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

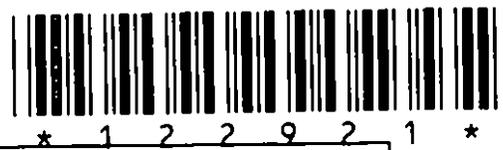
8. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)  FILL IN THE SPACES BEFORE USING ATTACHMENTS  
THE NUMBER OF DIRECTORS OF A DOMESTIC (RHODE ISLAND) CORPORATION SHALL NOT BE LESS THAN THREE (3). R.I.G.L. 7-6-23

Director Name Timothy Murphy, M.D.			Director Name Steven Weisblatt, M.D.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Director Name Mark Ridlen, M.D.			Director Name Jay Duxin, M.D.		
Street Address 593 Eddy Street			Street Address 593 Eddy Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903

9. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

Agent Name JOHN P. MCCOY	Address ONE TURKS HEAD PLACE, SUITE 400	
City PROVIDENCE	Zip 02903	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 2 2 9 2 1 \*

File Date: 10/21/03  
Check No.: 819  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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.

x Mark Ridlen x 8/9/03  
Signature of Officer Date  
y Mark Ridlen M.D.  
Print or Type Name of Officer  
y Secretary  
Title of Officer