



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

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

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

2019 JUN -6 AM 10:25  
 RECEIVED  
 SECRETARY OF STATE  
 CORPORATION DIVISION

1. Entity ID Number <b>000535063</b>		2. Exact name of the Corporation <b>Alliance HealthCare Services, Inc.</b>			
3. Principal Office Address <b>18201 Von Karman Ave., Suite 600</b>			City <b>Irvine</b>	State <b>CA</b>	Zip <b>92612</b>
4. NAICS Code <b>621999</b>		6. Brief description of the character of business conducted in Rhode Island <b>Provides Healthcare Services</b>			
5. State of Incorporation <b>Delaware</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>Rhonda Longmore-Grund</b>			Vice-President Name		
Street Address <b>18201 Von Karman Ave., Suite 600</b>			Street Address		
City <b>Irvine</b>	State <b>CA</b>	Zip <b>92612</b>	City	State	Zip
Secretary Name <b>Richard W. Johns</b>			Treasurer Name		
Street Address <b>18201 Von Karman Ave., Suite 600</b>			Street Address		
City <b>Irvine</b>	State <b>CA</b>	Zip <b>92612</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
Director Name <b>Heping Feng</b>			Director Name <b>Yong Ge</b>		
Street Address <b>18201 Von Karman Ave., Suite 600</b>			Street Address <b>18201 Von Karman Ave., Suite 600</b>		
City <b>Irvine</b>	State <b>CA</b>	Zip <b>92612</b>	City <b>Irvine</b>	State <b>CA</b>	Zip <b>92612</b>
Director Name <b>Rhonda Longmore-Grund</b>			Director Name <b>Paul S. Viviano</b>		
Street Address <b>18201 Von Karman Ave., Suite 600</b>			Street Address <b>18201 Von Karman Ave., Suite 600</b>		
City <b>Irvine</b>	State <b>CA</b>	Zip <b>92612</b>	City <b>Irvine</b>	State <b>CA</b>	Zip <b>92612</b>
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/SRIFIS	PAR VAL UF
		<b>1000</b>		<b>STK</b>	<b>.01</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.					
<b>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.</b>					
Name of Authorized Representative <b>Richard W. Johns</b>					Date <b>06/03/2019</b>
Signature of Authorized Representative 					

**FILED**  
SIGN DOCUMENT HERE  
JUN 06 2019

**BY A.A. 10:25 A.M.**

**Additional Director-**

**Qisen Huang     18201 Von Karman Ave., Suite 600 Irvine, CA 92612**



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

June 06, 2019 10:25 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea  
*Secretary of State*

