

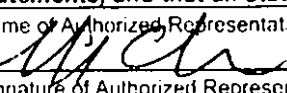
State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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.

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV

2019 NOV 12 PM 1:49

1. Entity ID Number 001659737		2. Exact name of the Corporation NOVARAD CORPORATION			
3. Principal Office Address 752 EAST 1180 SOUTH, STE. 200			City AMERICAN FORK	State UT	Zip 84003-3561
4. NAICS Code 511210		6. Brief description of the character of business conducted in Rhode Island MEDICAL IMAGES			
5. State of Incorporation UT					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input checked="" type="checkbox"/></span>					
President Name PAUL JENSEN			Vice-President Name DOUG SCHROEPPEL		
Street Address 2105 OAK LANE			Street Address 382 S. 1400 E.		
City PROVO	State UT	Zip 84604	City PLEASANT GROVE	State UT	Zip 84062
Secretary Name			Treasurer Name MICHAEL CHANDLER		
Street Address			Street Address 167 LOCUST DR.		
City	State	Zip	City SARATOGA SPRING	State UT	Zip 84045
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name WENDELL GIBBY			Director Name		
Street Address 695 EAST 1700 NORTH			Street Address		
City MAPLETON	State UT	Zip 84664	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
				COMMON	
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 					Date 10/14/19
Signature of Authorized Representative MICHAEL CHANDLER					

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

**FILED**

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