

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation Imaging Investors, Inc. 117942 3. Street Address Principal Business Office City State Zip RΙ 20 CATAMORE BOULEVARD EAST PROVIDENCE 02914-5. State of Incorporation 6. SIC Code 4. Business Phone No. 8888 4014322520 RHODE ISLAND 7. Brief Description of the Character of Business Conducted in Rhode Island TO OWN, TO INVEST OR PARTICIPATE IN AND OTHERWISE DEAL WITH REAL AND/OR PERSONAL PROPERTY IN CONNECTION WITH-THE-ESTABLISHMENT AND OPERATION OF ONE OR MORE PRESSTANDING MEDICAL-IMAGING CENTERS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) | FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Mark Ridlen, M.D. . n/a Street Address Street Address 20 Catamore Boulevard City State Cin Siole Zip Zic RI 02914 E. Providènce Secretary Name Treasurer Name Richard Noto, M.D William Mayo-Smith, M.D Street Address Street Address 20 Catamore Boulevard 20 Catamore Boulevard City State Zip Cirv State Zip 02914 RI RΙ 02914 E. Providence E. Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Street Address State Zip Zip City City State Director Name Director Name Street Address Street Address City State State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) **ISSUED SHARES** AUTHORIZED SHARES Number of Shores Par Value Par Value Class Series Class/Series Number of Shares no par value Common 1 4,000 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. \*117942 DBC 01/07/05 11:51:53 AM\* 1/11/05 -80-05 File Date Signature of Officer RICHARD Check No. MO NOTO Print or-Type-Name of Officer SECRETARY FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

r iling Period: January 1 - FORM MUST BE TYPED IN B		ing Fee. \$30.00					
1. Corporate ID No.	2. Name of Corpora				· · · · · · · · · · · · · · · · · · ·		
117942	Imaging Inves	stors, Inc.					
3. Street Address Principal Busin			City	State	Zip		
20 CATAMORE BOULE	VARD		EAST PROVIDENCE	RI	02914-		
4. Business Phone No.		5. State of Incorpora			6. SIC Code		
4014322520		RHODE ISLAI	ΛD		8888		
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President Name MARK RIDLEN, M.D.			Vice President Name				
Street Address			Strees Address				
20 CATAMORE BOULEV	ARD		<u> </u>				
City EAST PROVIDENCE	State RI	<i>Zip</i> 02914	City	State	Zip		
Secretary Name			* · · · · · · · · · · · · · · · · · · ·	Treasurer Name			
RICHARD NOTO, M.D.			· · · · · · · · · · · · · · · · · · ·	WILLIAM MAYO-SMITH, M.D.			
Street Address			• Street Address				
20 CATAMORE BOULEV		та.	.20 CATAMORE BOU		17/		
City	State RI	<i>Zip</i> 02914	*City . EAST PROVIDENCE	State   RI	<i>Zip</i> 02914		
EAST PROVIDENCE	I				<u> </u>		
9: NAMES AND ADDRESS Director Name	<u>rež OŁ i HE DIKĖ</u>	CTORS ("X" BOX FO	RATTACHMENT) FILL IN S Director Name	PACES BEFORE USING	ATTACHMENTS 5		
Street Address			. Street Address				
City	State	Zip	·City	State	Zip		
Director Name Street Address			Director Name Street Address				
City	State	Zip	City	State	Zip		
10. SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT)	II. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES  Number of Shares	Class/Senes	Par Value		
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1,000 110 1711 1711 171	· · · · · · · · · · · · · · · · · · ·						
This report must be signe	d in ink by either	r the President, Vice	President, Secretary, Assis	tant Secretary, Treas	urer, Receiver or Trust		
	9 4 2			jury, I declare and affirm any accompanying sche			
*117942 DBC 09/29/04				ts contained herein are tr	ue and correct.		
	5-64		Signature of Officer	vans	9/30/04 Date		
Check No. 708			Signature of Officer  RICHARD NOTO MD  Print or Type Name of Officer  SECRETARY				
B <u>v:</u>	ai	.	SI=CO = TAO.	Ogiter . I			
FOR SECRETARY OF STATE USE ONLY			SECRETARY Title of Officer	<u> </u>	Form 630 12		



Matthew A. Brown, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B.							
I. Carporate ID No.	2. Name of Corporation						
*117942*	Imaging Investo	15, ITIC.	I.O.	10	····		
3. Street Address Principal Busine 20 CATAMORE BOULEY			City EAST PROVIDENCE	State RI	Zip		
		5. State of Incorporation	LAGI PROVIDENCE	.1**	02914 - 6. SIC Code		
		RHODE ISLAND			8888		
L	7. Brief Description of the Character of Business Conducted in Rhode Island		<del></del>		1,,,,,		
TO OWN, TO INVEST OF	PARTICIPATE IN	AND OTHERWISE DE	EAL WITH REAL AND/OR I		IN CONNECTION		
WITH_THE_ESTABLISHME	NT_AND_OPERATIO	N_OF_ONE_OR_MORE.	FREE-STANDING_MEDICAL (CHMENT)	LIMAGING CENTERS	UMCNTS		
President Name	ES OF THE OFFICE	NS IN BUNTOKATIA	Vice President Name	S DEFORE USING ATTAC	.п.ч.,чтэ		
Mark Ridlen, M.D.			•				
Street Address			Street Address				
20 CATAMORE BOULEV	ARD		•				
City	State	Zip	City	State	Zip		
EAST PROVIDENCE	RI	02914	<u>.</u>	. l			
Secretary Name			Treasurer Name	. W.D.			
Richard Noto, M.D.	<del></del>	<del></del> -	William Mayo-Smith, M.D.				
Street Address 20 CATAMORE BOULEV	'APN		* Street Address . 20 CATAMORE BOULEVARD				
City	State	Zip	*City	State	Zip		
EAST PROVIDENCE	RI	02914	. EAST PROVIDENCE	RI	02914		
1	1	1	TACHMENT)   FILI. IN SPACE				
Director Name	E3 OF THE DIRECT	ORD I A BOX TORAL	Director Name	A.S BLI-OKE USING AT 17	Cupita 13		
			•				
Street Address	<del> </del>		· Street Address				
			•				
City	State	Zip	•City	State	Zip		
			•				
Director Name	<b></b>	·' · · · · · · · · · · · · · ·	Director Name		1		
			•				
Street Address			·Sireer Address				
		<del>-</del>	• <u>•</u>	<b>,</b>			
City	State	Zip	.Ciry	State	Zip		
10 00 1000 11000000	1				<u>,                                     </u>		
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	ACHMENT) [	II. SHARES ISSUED ("X" BOX FOR ATTACHMENT)				
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value		
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4,000 NO PAR VALUE			1	Common	No par value		
					<del></del>		
}							
This report must be signed	d in ink by either th	e President Vice Pre	ısident, Secretary, Assistan	t Secretary Treasurer	Receiver or Trustee		
F			, <u></u> y, <del></del>				
	<b>     </b>						
* 1 1	7 9 4 2 +			, I declare and affirm that i			
		ו		raccompanying schedules ontained herein are true an			
**117942* 8/13/0312;24	1:16 PM*		Vina and an amendina of	_			
File Date	<u> </u>	1	mudel	(ua his	8/13/03		
1601	(7)		Signature of Officer	Date	······································		
Check No.	- A	1	RICHARD B.	NOTO MD			
[ ]	iw/ /		Print or Type Name of Office		•		
$\beta_{Y}$	<del>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</del>		5F.C.				
FOR SECRETARY OF STATE	USE ONLY		Title of Officer		Form 630 12/01		



2. Name of Corporation

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Check No.: .

FOR SECRETARY OF STATE USE ONLY

117942

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January I-March 1 . Filing Fec: \$50.00



117942	Imaging Inves	tors, Inc.			
3. Street Address Principal Business		·	City	State	Zip
20 Catamore Bou	levard	5. State of Incorporation	E. Providence	RI	02914
432-2520 7. Brief Description of the Character	of Business Conducted in Ri	RHODE ISLAND			6. SIC Code 8888
own or invest i 8. NAMES AND ADDRESS President Name	n real or pers SES OF THE OFFICE	scnal property CRS ("X" BOX FOR ATTACHI	MENT) FILL IN SPACES BE Vice President Name	EFORE USING ATTACH	MENTS
Mark Ridlen, M. Street Address	D.		Street Address		
20 Catamore Bou	levard	Zip	City	State	Zip
E. Providence	RI .	. 02914	Treasurer Name		
Richard Noto, M	.D.		William Mayo-Sr	mith, M.D.	
20 Catamore Bou	levard State	`Zip	20 Catamore Box	levard	7/0
E. Providence 9. NAMES AND ADDRESS Director Name	RI ES OF THE DIRECT	02914 ORS (*x* box for attac	E. Providence HMENT) FILL IN SPACES I Director Name	RI BEFORE USING ATTAC	21p 02914 HMENTS
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name	• • •		Director Name		
Street Address			Street Address		
Clly	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHE	AENT)	11. SHARES ISSUED ("X" I	ROX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			1	common	no par value
	·	· · · · · · · · · · · · · · · · · · ·			
This report must be signed  * 1	in ink by either to	he President, Vice Pre	Under penalty of perjury	r, I declare and affirm th	at I have examined
	^		this report, including an	y accompanying schedul	es and statements, and

Title of Officer **€** Farm (30 12101

Date

that all statements contained herein are true and correct.