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State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2020 Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
JAN 2 2 2020
BY OLO

1. Entity ID Number	2. Exact nam	e of the Corporation	n				
117942	IMAGING	IMAGING INVESTORS, INC.					
3. Principal Office Address			City		State	Zıp	
125 METRO CENTER BLVD, SUITE 2000			WARWICK		RI	02886	
4. NAICS Code	6. Brief descr	ription of the charac	ter of business o	onducted in Rhod	e Island		
541990	TO OWN, IN	TO OWN, INVEST OR PARTICIPATE IN AND OTHERWISE DEAL WITH REAL AND/OR PERSONAL					
5. State of Incorporation	PROPERTY	PROPERTY IN CONNECTION WITH THE ESTABLISHMENT AND OPERATION OF ONE OR MORE					
RHODE ISLAND	FREE-STAN	FREE-STANDING MEDICAL IMAGING CENTERS					
7. List ALL officers (names and	addresses)			Che	ck the box to in	dicate an attachment	
President Name JOHN A. PEZZULLO, III, MD			Vice-President Name PETER EVANGELISTA, MD				
Street Address 125 METRO CEN	Street Address 125 METRO CENTER BLVD, STE 2000						
City WARWICK	State RI	^{Zip} 02886	City WARWIG	City WARWICK		^{Zip} 02886	
Secretary Name BRIAN MURPH	Treasurer Nan	Treasurer Name MICHAEL BELAND, MD					
Street Address 125 METRO CENTER BLVD, STE 2000			Street Address	Street Address 125 METRO CENTER BLVD, STE 2000			
City WARWICK	State RI	Zip 02886	City WARW!	City WARWICK		^{Zip} 02886	
8. List ALL directors (names an	d addresses)					ndicate an attachment 🔲	
Director Name JOHN A. PEZZU	Director Name	Director Name PETER EVANGELISTA, MD					
Street Address 125 METRO CENTER BLVD, STE 2000			Street Address	Street Address 125 METRO CENTER BLVD, STE 2000			
City WARWICK	State RI	^{Zip} 02886	City WARWICK		State RI	Z ₁ p 02886	
Director Name BRIAN MURPHY	Director Name	Director Name MICHAEL BELAND, MD					
Street Address 125 METRO CEN		Street Address 125 METRO CENTER BLVD, STE 2000					
City WARWICK	State RI	Z ^{IP} 02886	City WARWI			Zip 02886	
9. Shares Authorized	•	10. Shares Iss	sued	Check the box to indicate an attachment			
This information is currently of record in the Department of State.		NUMBER OF SHARES		CLASS/SÉRIES PAR VALUE			
·		1725		CNP	CNP 0.00		
Changes require an additional filing.							
11. This report must be execute					rporation is in t	he hands of a receiver or	
trustee, this report must be exe						a ba advida Saland	
Under penalty of perjury, I de statements, and that all state				ncluding any acc	companying s	cnequies and	
Name of Authorized Representative					Date		
MICHAEL BELAND					1/15/20		
Signature of Authorized Repres	sentative				<u> </u>		
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						·	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov