

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

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

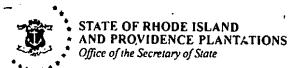
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17852	2. Name of Corporation Rhode Island M	" edical Imaging, Inc.					
3. Street Address Principal Busine		Calcar imaging, inc.	Cin		Iœ.		
20 CATAMORE BOULEY	_		EAST PROVIDENCE	State RI	Zip		
4. Business Phone No.		S. State of Incorporation	TERST PROVIDENCE	T K T	02914		
4014322520		RHODE ISLAND		•	6. SIC Code		
7. Brief Description of the Chara	cter of Rusiness Conducts		·		9217		
PROFESSIONAL MEDICAL	PRACTICE						
18. NAMES AND ADDRESS President Name	ES OF THE OFFICE	CRS ("X" BOX FOR ATTA	CHMENT) I FILL IN SPACE	S BEFORE USING ATTAC	HMENTS		
Richard Noto, M.D.			Vice President Name				
Street Address			-Barbara Schepps, N	1.D./Mark Ridlen	, M.D.		
!20 Catamore Boulev	ard		Sirvei Address	د			
City	State	17:0	. 20 Catamore Boulev				
E. Providence	RI	Zip 02914	Cin	State	Zip		
Secretary Name	177	02914	E. Providence	RI	02914		
Jonathan Movson, M	.D.		William Mayo-Smith	мп			
Street Address			Street Address	., 11.2.			
,20 Catamore Boulev	ard		,20 Catamore Boulev	ard			
City	State	Zip	*City	State	17:		
E. Providence	RI	02914	.E. Providence	RI	<i>Zip</i> 02914		
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Barbara Schepps, M	.D.		*Richard Noto, M.D.				
Street Address		·	Sircet Address	·			
20 Catamore Boulev	ard		20 Catamore Boulev	ard .			
Cin	State	Zip	·City	State	17in		
E. Providence	RI	02914	E. Providence	RI	<i>Zip</i> 02914		
Director Name	****		Director Name		102914		
Mark Ridlen, M.D./	Jonathan Movso	n, M.D.	William Mayo-Smith	. M.D./John Cro	nan Min		
Street Address	·		· Sircei Address				
20 Catamore Boulev	ard		20 Catamore Boulev	ard			
Cin	State	Zip	.City	State	Zip		
E. Providence	,RI	02914	[E. Providence	RI	02914		
10. SHARES AUTHORIZE	D ("X" BOX FOR ATT	CHMENT)	11. SHARES ISSUED ("X" BO)	X FOR ATTACHMENT)	· 		
AUTHORIZED SHARES			ISSUED SHARES				
Number of Shares	Class/Series	Par Value	Number of Shares	'Class/Series	Par Value		
50,000 COMM \$1.00 PAI	R VALUE		3850	Common	No par value		
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This report must be signed	in ink hy either th	e President Vice Pro	sident, Secretary, Assistant	Sacratory Transvers	Pagainar on Trustae		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•	sident, Secretary, Assistant	Secretary, Treusurer,	Receiver or irusiee		
\$1 11811 18881 (B18)							
01 11611 16001 1 <u>2</u> 16)							
1 7 8 5	5 2		Under penalty of perjury,				
		•	this report, including any				
17852 DBC 01/07/05 1	1:33:06 AM		and that all statements cor	ntained herein are true and	correct.		
File Date	050-05		\ . ' . 1	Ran 1/	11/05		
	2266		Signature of Officer	Date	41/04		
Check No.	(2567						
	<u> </u>		KICHARD Print or Type Name of Office	NOTO MD			
B <u>y:</u>	Che.			r			
FOR SECRETARY OF STATE U	JSE ONLY		PRESIDENT				
			Title of Officer		Form 630 12/01		

Corporate ID No. 17852

RIDER TO 2005 ANNUAL REPORT OF RHODE ISLAND MEDICAL IMAGING, INC.

OFFICERS:

John Cronan, M.D. Vice President/Ex Officio Gerald Abbott, M.D. **Assistant Secretary** James Bass, M.D. **Assistant Secretary** Jeffrey Brody, M.D. **Assistant Secretary** John A. Cassese, M.D. **Assistant Secretary** Lawrence M. Davis, M.D. **Assistant Secretary** Douglas DeOrchis, M.D. **Assistant Secretary** Gregory J. Dubel, M.D. **Assistant Secretary** Damian Dupuy, M.D. **Assistant Secretary** Thomas K. Egglin, M.D. Assistant Secretary Richard Gold, M.D. **Assistant Secretary** Daniel M. Golding, M.D. **Assistant Secretary** Richard Haas, M.D. **Assistant Secretary** Mary Hillstrom, M.D. Assistant Secretary Susan Koelliker, M.D. Assistant Secretary Robert Lambiase, M.D. Assistant Secretary Elizabeth Lazarus, M.D. **Assistant Secretary** Scott Levine, M.D. **Assistant Secretary** Martha Mainiero, M.D. **Assistant Secretary** Kathleen McCarten, M.D. Assistant Secretary Brian L. Murphy, M.D. Assistant Secretary Timothy Murphy, M.D. **Assistant Secretary** David P. Neumann, M.D. Assistant Secretary Arthur Noel, M.D. Assistant Secretary John A. Pezzullo III, M.D. Assistant Secretary Marcelle L. Piccolello, M.D. Assistant Secretary Jeffrey Rogg, M.D. Assistant Secretary Michael J. Ryvicker, M.D. **Assistant Secretary** Sanford Schatz, M.D. Assistant Secretary Gregory Soares, M.D. **Assistant Secretary** Julie H. Song, M.D. Assistant Secretary Patricia Spencer, M.D. Assistant Secretary Glenn Tung, M.D. Assistant Secretary Michael Wallach, M.D. **Assistant Secretary**



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FOR SECRETARY OF STATE USE ONLY

Check No.

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

2004

Filing Period: January 1	- March I 🏓 🛚 I	Filing Fee: \$50.00	ORT FOR THE YE		
FORM MUST BE TYPED IN 1. Corporate ID No.	BLACK) 2. Name of Corp.				
17852		nd Medical Imaging, I	nc.		
3. Street Address Principal Bus			City	State	Zip
20 CATAMORE BOUL	EVARD		EAST PROVIDENCE	RI	02914
4. Business Phone No.		5. State of Incorpora	tion		6. SIC Code
4014322520		RHODE ISLAI	ND		9217
7. Brief Description of the Chair PROFESSIONAL MEDICA	racter of Business Co. L PRACTICE	nducted in Rhode Island			
8. NAMES AND ADDRES	SES OF THE OF	FICERS ("X" BOX FOR	ATTACHMENT) V FILL IN SPACE	S BEFORE USING AT	TACHMENTS
RICHARD NOTO, M.D			BARBARA SCHEPPS,	M.D./MARK RID	LEN, M.D.
Street Address		· · · · · · · · · · · · · · · · · · ·	Street Address		
20 CATAMORE BOULE	VARD		. 20 CATAMORE BOULE	VARD	
City	State	Zip	City	State	Zıp
EAST PROVIDENCE	{RI	02914	· EAST PROVIDENCE	RI	02914
Secretary Name			Treasurer Name		• • • • • • • • • • • • •
JONATHAN MOVSON,	M.D.		WILLIAM MAYO-SMIT	H, M.D.	
Street Address			Street Address	-	
20 CATAMORE BOULE			.20 CATAMORE BOULE	VARD	
City EAST PROVIDENCE	State	Zip	City	State	Zip
	RI	02914	.EAST PROVIDENCE	RI	02914
9. NAMES AND ADDRES	REPOLTHE DIE	RECTORS ("N" BOX FO	RATTACHMENT) FILL IN SPA	CES BEFORE USING	ATTACHMENTS
BARBARA SCHEPPS,	M D		Director Name		
Street Address			RICHARD NOTO, M.D	·	
20 CATAMORE BOULE	UA DD		Street Address		
City	State	17:-	20 CATAMORE BOULE		
EAST PROVIDENCE	RI	<i>Zip</i> 02914	·City EAST PROVIDENCE	State	Zip
Director Name	. 182			RI	02914
MARK RIDLEN, M.D.	/JONATHAN MO	DVSON. M D	* Director Name [WILLIAM MAYO-SMIT	י אינטרג./ מיא יו	מא אוגארסס
Street Address	, , , , , , , , , , , , , , , , , , , ,		·Street Address	n, H.D./OOM	CRONAN, PLD.
20 CATAMORE BOULE	VARD		20 CATAMORE BOULEY	VARD	
City	State	Zip	City	State	Zip
EAST PROVIDENCE	RI	02914	EAST PROVIDENCE	RI	02914
10. SHARES AUTHORIZ	ED ("A" BOX FOR	ATTACHMENT)	11. SHARES ISSUED ("X" BO	OX FOR ATTACHMEN	7 1
AUTHORIZED SHARES		······································	ISSUED SHARES		<u> </u>
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50,000 COMM \$1.00 P	AR VALUE	· · · · · · · · · · · · · · · · · · ·	3750	СОММОИ	NO PAR VALUE
This report must be signi	ed in ink by eith	er the President, Vice	President, Secretary, Assistan	1 Secretary Treasi	rer Receiver or Trustes
17852 DBC 09/29/04 File Date / U-5-	09:31:32 AM		Under penalty of perjury this report, including any and that all statements or	, I declare and affirm of accompanying sched ontained herein are tru	hat I have examined ules and statements,

Prim or Type Name of Officer

FRESIDENT Title of Officer

Noru

MO

Form 630 12/01

Corporate ID No. 17852

RIDER TO 2004 ANNUAL REPORT OF RHODE ISLAND MEDICAL IMAGING, INC.

OFFICERS:

John Cronan, M.D. Vice President/Ex Officio Gerald Abbott, M.D. Assistant Secretary James Bass, M.D. Assistant Secretary Jeffrey Brody, M.D. **Assistant Secretary** John A. Cassese, M.D. Assistant Secretary Lawrence M. Davis, M.D. Assistant Secretary Douglas DeOrchis, M.D. Assistant Secretary Gregory J. Dubel, M.D. Assistant Secretary Damian Dupuy, M.D. Assistant Secretary Thomas K. Egglin, M.D. Assistant Secretary Richard Gold, M.D. **Assistant Secretary** Daniel M. Golding, M.D. **Assistant Secretary** Richard Haas, M.D. Assistant Secretary Mary Hillstrom, M.D. Assistant Secretary Susan Koelliker, M.D. Assistant Secretary Robert Lambiase, M.D. **Assistant Secretary** Elizabeth Lazarus, M.D. **Assistant Secretary** Scott Levine, M.D. Assistant Secretary Martha Mainiero, M.D. Assistant Secretary Kathleen McCarten, M.D. Assistant Secretary Brian L. Murphy, M.D. Assistant Secretary Timothy Murphy, M.D. Assistant Secretary David P. Neumann, M.D. Assistant Secretary Arthur Noel, M.D. Assistant Secretary John A. Pezzullo III. M.D. Assistant Secretary Marcelle L. Piccolello, M.D. Assistant Secretary Jeffrey Rogg, M.D. Assistant Secretary Michael J. Ryvicker, M.D. Assistant Secretary Sanford Schatz, M.D. Assistant Secretary Julie H. Song, M.D. Assistant Secretary Patricia Spencer, M.D. Assistant Secretary Glenn Tung, M.D. Assistant Secretary Michael Wallach, M.D. Assistant Secretary



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

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

(FORM MUST BE TYPED IN B.	LACK)						
I. Corporate ID No. *17852*	2. Name of Corporate						
L	Rhode Island I	Medical Imaging, Ir	<u>1C</u>				
3. Street Address Principal Busine 20 CATAMORE BOULEY			City	State	Zip		
	VARD		EAST PROVIDENCE	RI	02914		
4. Business Phone No. 4014322520		5. State of Incorporat			6. SIC Code		
		RHODE ISLAN	ND		9217		
PROFESSIONAL MEDICAL	cter of Business Conduc PRACTICE	ted in Rhode Island					
8. NAMES AND ADDRESS President Name	ES OF THE OFFIC	ERS ("X" BOX FOR	ATTACHMENT) PILL, IN SPACE	S BEFORE USING A	TTACHMENTS		
Richard Noto, M.D.			Barbara Schepps,	M.D./Mark Rid	llen M D		
Street Address			Street Address				
20 CATAMORE BOULEV	ARD		20 CATAMORE BOULE	VARD			
City	State	Zip	City	State	12/2		
EAST PROVIDENCE	RI	02914	EAST PROVIDENCE	RI	<i>Zip</i> 02914		
Secretary Name	Treasurer Name						
Jonathan Movson, M	.D.		William Mayo-Smit	h. M.D.			
Street Address			Street Address				
20 CATAMORE BOULEV	ARD		.20 CATAMORE BOULE	ממגזו			
City	State	Zip	*City	· · · · · · · · · · · · · · · · · · ·			
EAST PROVIDENCE	RI	02914	. EAST PROVIDENCE	State RI	Zip 02914		
Barbara Schepps, M		TORS ("X" BOX FOR	RATTACHMENT) FILL IN SPAN Director Name Richard Noto, M.D		ATTACHMENTS		
Street Address			· Street Address				
20 CATAMORE BOULEVA	ARD		20 CATAMORE BOULEVARD				
City	State	Zip	• City	State	Zip		
EAST PROVIDENCE	RI	02914	'EAST PROVIDENCE	RI	02914		
Director Name Mark Ridlen, M.D./	Jonathan Move	on M.D.	Director Name				
Street Address	Some chair Flovs	OII, M.D.	William Mayo-Smit	n, M.D./John	Cronan, M.D.		
20 CATAMORE BOULEV			*Street Address 20 CATAMORE BOULEVARD				
City EAST PROVIDENCE	State	Zip	City	State	Zip		
	RI	02914	:EAST PROVIDENCE	RI	02914		
10. SHARES AUTHORIZE	O ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X" BO	X FOR ATTACHMEN	ηĎ		
AUTHORIZED SHARES			ISSUED SHARES		•£• ,- <u></u>		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value		
50,000 COMM \$1.00 PAR VALUE			44,275	\$1 par value			
This report must be signed	in ink by either t	he President, Vice l	President, Secretary, Assistan	Secretary, Treasu	irer, Receiver or Trustee		
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* 1 / 8)] (*		Under penalty of perjury,	i ucciare and alliim l	inat i nave examined		

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File Date 8.13.03	
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FOR SECRETARY OF STATE USE ONLY	

this report, including any accompanying schedules a and that all statements contained herein are true and	nd statements,
Signature of Officer Date	8/13/03
Signature of Officer Date	
Print or Type Name of Officer	
Pels.	
Title of Officer	Form 630 12/01

Corporate ID No. 17852

RIDER TO 2003 ANNUAL REPORT OF RHODE ISLAND MEDICAL IMAGING, INC.

OFFICERS:

John Cronan, M.D. Vice President/Ex Officio Gerald Abbott, M.D. Assistant Secretary James Bass, M.D. Assistant Secretary Jeffrey Brody, M.D. **Assistant Secretary** Douglas DeOrchis, M.D. **Assistant Secretary** Lawrence M. Davis, M.D. Assistant Secretary Gregory J. Dubel, M.D. Assistant Secretary Damian Dupuy, M.D. Assistant Secretary Thomas K. Egglin, M.D. Assistant Secretary Richard Gold, M.D. Assistant Secretary Daniel M. Golding, M.D. Assistant Secretary Richard Haas, M.D. Assistant Secretary Mary Hillstrom, M.D. Assistant Secretary Susan Koelliker, M.D. Assistant Secretary Robert Lambiase, M.D. Assistant Secretary Scott Levine, M.D. Assistant Secretary Martha Mainiero, M.D. **Assistant Secretary** Kathleen McCarten, M.D. Assistant Secretary Brian L. Murphy, M.D. Assistant Secretary Timothy Murphy, M.D. Assistant Secretary David P. Neumann, M.D. Assistant Secretary Arthur Noel, M.D. **Assistant Secretary** Marcelle L. Piccolello, M.D. Assistant Secretary Michael J. Ryvicker, M.D. Assistant Secretary Sanford Schatz, M.D. Assistant Secretary Patricia Spencer, M.D. Assistant Secretary Glenn Tung, M.D. Assistant Secretary Jonathan Vaccaro, M.D. Assistant Secretary Michael Wallach, M.D. Assistant Secretary Jeffrey Rogg, M.D. **Assistant Secretary**

Edward S. Inman, 111, 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 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 17852 Rhode Island Medical Imaging, Inc. 3. Street Address Principal Business Office City Zip 20 Catamore Boulevard E. Providence RI02914 4. Business Phone No. 5. State of Incorporation 6. SIC Code RHODE ISLAND 9217 432-2520 7. Brief Description of the Character of Business Conducted in Rhode Island professional medical practice 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) X FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Richard Noto, M.D. Barbara Schepps, M.D. & Mark Ridlen, M.D. Street Address Street Address 20 Catamore Eoulevard 20 Catamore Boulevard Clly Zio E. Providence RI 02914 E. Providence RI02914. Jonathan Movson, M.D. William Mayo-Smith, M.D. Street Address Street Address 20 Catamore Boulevard 20 Catamore Boulevard Providence 02914. E. Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Barbara Schepps, M.D. Richard Noto, M.D. Street Address 20 Catamore Boulevard 20 Catamore Boulevard Zip E. Providence RI 02914 E. Providence 02914 RIMark Ridlen, M.D./Jonathan Movson, M.D. William Mayo-Smith, M.D. /John Cronan, M.D. Street Address Street Address 20 Catamore Boulevard 20 Catamore Boulevard Zip Zip E. Providence 02914 E. Providence 02914 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 50,000 COMM \$1.00 PAR VALUE 41,745 camman \$1 par value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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.

Date

Signature of Officer

Richard Noto, M.D. Print or Type Name of Officer

President

Title of Officer

Corporate ID No. 17852

RIDER TO 2002 ANNUAL REPORT OF RHODE ISLAND MEDICAL IMAGING, INC.

OFFICERS:

John Cronan, M.D. Vice President/Ex Officio Gerald Abbott, M.D. Assistant Secretary James Bass, M.D. Assistant Secretary Jeffrey Brody, M.D. Assistant Secretary Douglas DeOrchis, M.D. Assistant Secretary Damian Dupuy, M.D. Assistant Secretary Thomas K. Egglin, M.D. **Assistant Secretary** Richard Gold, M.D. Assistant Secretary Richard Haas, M.D. Assistant Secretary Mary Hillstrom, M.D. **Assistant Secretary** Susan Koelliker, M.D. Assistant Secretary Robert Lambiase, M.D. **Assistant Secretary** Scott Levine, M.D. Assistant Secretary Martha Mainiero, M.D. Assistant Secretary Kathleen McCarten, M.D. Assistant Secretary Timothy Murphy, M.D. Assistant Secretary David P. Neumann, M.D. **Assistant Secretary** Arthur Noel, M.D. Assistant Secretary Michael J. Ryvicker, M.D. Assistant Secretary Sanford Schatz, M.D. Assistant Secretary Patricia Spencer, M.D. Assistant Secretary Glenn Tung, M.D. Assistant Secretary Jonathan Vaccaro, M.D. Assistant Secretary Michael Wallach, M.D. Assistant Secretary Jeffrey Rogg, M.D. Assistant Secretary

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00

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Corporate	ID	Na.			
	•	700	3		

2. Name of Corporation

Rhode Island Medical Imaging, Inc.

7	Crass	4 44	Principal	D a	0///

State

20 Catamore Boulevard

5. State of Incorporation

02914

4. Business Phone No. 432-2520

RHODE ISLAND

7. Brief Description of the Character of Business Conducted in Rhode Island

professional medical practice

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

President Name

Barbara Schepps, M.D.

Street Address

20 Catamore Boulevard

City

E. Providence

RI02914

Secretary Name

William Mayo-Smith, M.D.

Street Address

20 Catamore Boulevard

City

E. Providence

02914

Mark Ridlen, M.D.

E. Providence

Street Address

Vice President Name

20 Catamore Boulevard

State

E. Providence

RI

RI

02914

Treasurer Name

Richard Noto, M.D.

Street Address

20 Catamore Boulevard

City E. Providence

RT

02914

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

Barbara Schepps, M.D.

Street Address

20 Catamore Boulevard

City

Zip

E. Providence

RI

02914

Director Name

Mark Ridlen, M.D./Gerald Abbott, M.D.

20 Catamore Boulevard City

E. Providence

RI

02914

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Serles

Par Value

50,000 SHS COMM \$1.00 PAR

Richard Noto, M.D.

Street Address

20 Catamore Boulevard

City

RI

02914

E. Providence

William Mayo-Smith, M.D./John Cronan, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

02914

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

35,420

Cannon

\$1.00

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



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.

Barbara Schepps, Print or Type Name of Officer

President

Title of Officer

•

Corporate ID No. 17852

RIDER TO 2001 ANNUAL REPORT OF RHODE ISLAND MEDICAL IMAGING, INC.

OFFICERS:

John Cronan, M.D. Vice President/Ex Officio Gerald Abbott, M.D. Assistant Treasurer James Bass, M.D. **Assistant Secretary** Jeffrey Brody, M.D. Assistant Secretary Douglas DeOrchis, M.D. Assistant Secretary Damian Dupuy, M.D. Assistant Secretary Richard Gold, M.D. Assistant Secretary Richard Haas, M.D. Assistant Secretary Mary Hillstrom, M.D. Assistant Secretary Susan Koelliker, M.D. Assistant Secretary Robert Lambiase, M.D. **Assistant Secretary** Scott Levine, M.D. Assistant Secretary Martha Mainiero, M.D. **Assistant Secretary** Kathleen McCarten, M.D. Assistant Secretary Jonathan Movson, M.D. Assistant Secretary Timothy Murphy, M.D. **Assistant Secretary** Arthur Noel, M.D. **Assistant Secretary** Michael J. Ryvicker, M.D. Assistant Secretary Sanford Schatz, M.D. Assistant Secretary Patricia Spencer, M.D. Assistant Secretary Glenn Tung, M.D. **Assistant Secretary** Jonathan Vaccaro, M.D. Assistant Secretary Michael Wallach, M.D. **Assistant Secretary** Jeffrey Rogg, M.D. Assistant Secretary

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Rhode Island Medical Imaging, Inc.

State

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PIT MERE ADDINSTRUCTIONS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

1. Corporate ID No.

17852

3. Street Address Principal Business Office

20 Catamore Bou	lauard.			State	ZIP
	mevaru		E. Providence	RI	02914
1. Business Phone No.		5. State of Incorporation			6. SIC Code
432-2520		RHODE ISLAND			9217
7. Brief Description of the Charact professional me	dianlance Conducted	in Rhode Island			
	_				
President Name		ICERS (*x* box for attace	HMENT) FILL IN SPACES B Vice President Name	SEFORE USING ATTA	CHMENTS
Barbara Schepps	, M.D.		Mark Ridlen, M.	D.	
20 Catamore Bou	levard		20 Catamore Bou	larmed	
Itty	State	Zĺp	City	State	Zip
E. Providence	RI RI	02914	E. Providence	RI	02914
Arthur Noel, M. I			Richard Noto, M	.D.	
20 Catamore Bou	levard		20 Catamore Bou	levard	
City	State	Zip	City	State	ZIp
E. Providence	RI	02914	E. Providence	RI	02914
D. NAMES AND ADDRE	SSES OF THE DIRI	ECTORS (*X* BOX FOR ATTA		BEFORE USING ATT	
Barbara Schepps	, M.D.	·	Richard Noto, M	.D./Arthur Nœ]	l, M.D.
20 Catamore Boul	levard		20 Catamore Bou	levard	
City -	State	Zip	City	State	ZIp
E. Providence	RI	02914	E. Providence Director Name	RI	02914
Mark Ridlen, M.I	o .		Jeffrey Rogg, M.	.D./John Cronan	, M.D.
20 Catamore Boul	levard		20 Catamore Bou	levard	
lly	State	Zip	City	State	Zlp
E. Providence	RI [.]	02914	E. Providence	RT	02914
O. SHARES AUTHORIZE UTHORIZED SHARES	ED ("X" BOX FOR ATT)	ACHMENT)	11. SHARES ISSUED (*X		
umber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
				· · · · ·	
50,000 SHS COMM	\$1.00 PAR				

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



File Date: _	2/15/00	
Check No.:	4081	
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	TARY 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.

Deutsan Acerga M)

Barbara Schepps, M.D.

Print or Type Name of Officer

President

Title of Officer



Corporate ID No. 17852

RIDER TO 2000 ANNUAL REPORT OF RHODE ISLAND MEDICAL IMAGING, INC.

OFFICERS:

John Cronan, M.D. Vice President/Ex Officio Gerald Abbott, M.D. **Assistant Secretary** James Bass, M.D. Assistant Secretary Jeffrey Brody, M.D. Assistant Secretary Douglas DeOrchis, M.D. **Assistant Secretary** Richard Gold, M.D. Assistant Secretary Richard Haas, M.D. **Assistant Secretary** Mary Hillstrom, M.D. **Assistant Secretary** Robert Lambiase, M.D. Assistant Secretary Martha Mainiero, M.D. **Assistant Secretary** William Mayo-Smith, M.D. Assistant Secretary Kathleen McCarten, M.D. **Assistant Secretary** Timothy Murphy, M.D. Assistant Secretary Michael J. Ryvicker, M.D. Assistant Secretary Sanford Schatz, M.D. Assistant Secretary Francis Scola, M.D. Assistant Secretary Patricia Spencer, M.D. Assistant Secretary Glenn Tung, M.D. Assistant Secretary Michael Wallach, M.D. Assistant Secretary Jeffrey Rogg, M.D. **Assistant Treasurer**



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

401-277-3040

PROFIT CORPORATION	ANNUAL REPORT F	FOR THE YEAR
iling Period: Ianuary 1-March 1 •	Filing Fee: \$50.00	

FORM MUST BE LYPED IN BLAC	CK)						
Corporate ID No.	2. Name of Corpo	ration		•		•	
17852	Rhode	Island Medical Imag	ging,	Inc.			
. Street Address Principal Business (,	City		State		Zip
20 Caramore Boul	levard		E.	Providence		RI	02914
. Business Phone No.		5. State of Incorporation					6. SIC Code
432-2520 Brief Description of the Character	of Business Conducted	RHODE ISLAND in Rhode island					9217
	-	Lœ FICERS (*X* BOX FOR ATTACH!					
resident Name				esident Name			
Barbara Schepps, treet Address	, M.D.		Ma Street A	rk Ridlen, M.D.	. and	Jeffrey	Rogg, M.D.
20 Catamore Boul			20	Catamore Boule	evard		
iry	State	Zip	City		State		Zip
E. Providence	RI	02914		Providence		RI _.	02914
Arthur Noel, M. D) .		Ri Street A	chard Noto, M.I	o.		· · ·
20 Catamore Boul	levard		20	Catamore Boule	evard		
lity	State	Zip	City		State		Zip
E. Providence	RI	02914	E.	Providence		RI	02914
. NAMES AND ADDRESS	SES OF THE DI	RECTORS ("X" BOX FOR ATTAC) 1 Name			
Barbara Schepps,	, M.D.		Ri Street A	chard Noto, M.I	o. and	d Arthur	Noel, M.D.
20 Catamore Boul	levard		20	Catamore Boule	vard		
tity	State	Zip	City	00000.020	State		Zip
E. Providence	RI	02914		Providence	•= .	RI	02914
Mark Ridlen, M. [) .		Je Suet A	ffrey Rogg, M.I). and	d John Ci	conan, M.D.
20 Catamore Boul	levard		20	Catamore Boule	wam		
Sity	State	Zip	City	Julian Down	State		Zip
E. Providence	RI	02914	E.	Providence		RI	02914
O. SHARES AUTHORIZE:	D ("X" BOX FOR AT	TTACHMENT)		HARES ISSUED (*X* B	OX FOR	ATTACHMENT	

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

Number of Shares

26,565

	No 25,99
File Date:	
Check No.:	11734
Ву:	
·	OF STATE USE ONLY

50,000 SHS COMM \$1.00 PAR

Class/Series

Par Value

Number of Shares

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.

Class/Series

Camman

Par Value

\$1.00

Signature of Officer

Barbara Schepps / M.D.

Print or Type Name of Officer

President

Title of Officer

Corporate ID No. 17852

RIDER TO 1999 ANNUAL REPORT OF RHODE ISLAND MEDICAL IMAGING, INC.

OFFICERS:

John Cronan, M.D. Vice President/Ex Officio Gerald Abbott, M.D. Assistant Secretary Jeffrey Brody, M.D. Assistant Secretary Douglas DeOrchis, M.D. Assistant Secretary Richard Gold, M.D. Assistant Secretary Richard Haas, M.D. **Assistant Secretary** Robert Lambiase, M.D. Assistant Secretary William Mayo-Smith, M.D. Assistant Secretary Alfred Moon, M.D. Assistant Secretary Timothy Murphy, M.D. Assistant Secretary Sanford Schatz, M.D. Assistant Secretary Francis Scola, M.D. Assistant Secretary Patricia Spencer, M.D. Assistant Secretary Glenn Tung, M.D. Assistant Secretary Michael Wallach, M.D. Assistant Secretary Michael J. Ryvicker, M.D. Assistant Treasurer

(FORM MUST BE TYPED IN BLACK)

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

STOP PIFASE READ INSTRUCTIONS

1. Corporate ID No.	2. Name of Corporation	•	•	•	
17852 3. Street Address Principal Business Of	Rhode Island M	ledical Imaging, inc	City	State	Zip
227 Angell Street 4. Business Phone No.		5. State of Incorporation	Providence	RI	02906 6. SIC Code
331-1110 7. Brief Description of the Character of	f Business Conducted in Rho	RHODE ISLAND			9217
Professional medic 8. NAMES AND ADDRESSE President Name Barbara Schepps, M	ES OF THE OFFICER		MENT) X Vice President Name Mark Ridlen, M.D.		
Street Address			Street Address		
227 Angell Street	State	Zip	227 Angell Street	State	Zip
Providence Secretary Name	RI .	02906	Providence Treasurer Name	RI	02906
Arthur Noel, M.D. Street Address			Richard Noto, M.I. Street Address)• <u>.</u>	
227 Angell Street	State	Zip	227 Angell Street	State	Zip
Providence 9.'NAMES AND ADDRESSE Director Name	RI ES OF THE DIRECTO	02906 ORS ("x" box for attac	Providence THMENT) Director Name	RI	02906
Barbara Schepps, M	1.D. & Allan De	eutsch, M.D.	Richard Noto, M.I. Street Address). & Arthur Noel	M.D.
227 Angell Street			227 Angell Street	:	
City	State	Zip	City	State	Zip
Providence Director Name	RI	02906	Providence Director Name	RI	02906
Mark Ridlen, M.D. Street Address 227 Angell Street			Michael Ryvicker, Street Address 227 Angell Street		
City .	State	ZIp	City	State	Zip
Providence	RI	02906	Providence	RI	02906
10. SHARES AUTHORIZED AUTHORIZED SHARES	("X" BOX FOR ATTACHN		11. SHARES ISSUED ("X" BE ESSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
50,000 SHS COMM \$1.	.00 PAR		27,830	Common	\$1.00

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

	* 1 7 8	5 2 *
File Date.	7/12	
Check No.:	007519	
Ву:	ICIP	1.
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.

Signature of Officer

Barbara Schepps, M.D.
Print or Type Name of Officer

President.

Title of Officer

٠...

Corporate ID No. 17852

RIDER TO 1998 ANNUAL REPORT OF RHODE ISLAND MEDICAL IMAGING, INC.

OFFICERS:

Gerald Abbott, M.D. **Assistant Secretary** Jeffrey Brody, M.D. Assistant Secretary John Cronan, M.D. **Assistant Secretary** Douglas DeOrchis, M.D. Assistant Secretary Gary Dorfman, M.D. **Assistant Secretary** Richard Gold, M.D. Assistant Secretary Richard Haas, M.D. Assistant Secretary Robert Lambiase, M.D. Assistant Secretary Alfred Moon, M.D. Assistant Secretary Timothy Murphy, M.D. Assistant Secretary Jeffrey Rogg, M.D. Assistant Secretary Sanford Schatz, M.D. Assistant Secretary Francis Scola, M.D. **Assistant Secretary** Patricia Spencer, M.D. Assistant Secretary Glenn Tung, M.D. Assistant Secretary Michael Wallach, M.D. Assistant Secretary Michael J. Ryvicker, M.D. Assistant Treasurer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 17852 Rhode Island Medical Imaging, Inc. 3. Street Address Principal Business Office State Zip 227 Angell Street Providence RI 02906 4. Rusiness Phone No. 5. State of incorporation 6. SIC Code 331-1110 RHODE ISLAND 9217 7. Brief Description of the Character of Business Conducted in Rhode Island Professional medical practice 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) XX President Name Vice President Name BARBARA SCHEPPS, M.D. PATRICIA SPENCER, M.D. Street Address Street Address 227 Angell Street 227 Angell Street State State Zip Providence RI 02 906 Providence RΙ 02906 Secretary Name Treasurer Name JEFFREY ROGG, M.D. RICHARD NOTO, M.D. Street Address Street Address 227 Angell Street 227 Angell Street Providence RI 02906 Providence RI 02906 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) Director Name BARBARA SCHEPPS, M.D. RICHARD NOTO, M.D. Street Address · Street Address 227 Angell Street 227 Angell Street State City State Providence RI 02906 Providence RI 02906 Director Name Director Name JEFFREY ROGG, M.D. & PATRICIA SPENCER, M.D. MARK RIDLEN, M.D.

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

^{zเ}ค กิวๆกล

Par Value

Street Address

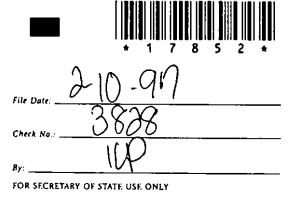
ESSLIED SHARES

, Number of Shares

21,505

227 Angell Street

Providence



10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

Class/Series

Street Address

Providence

AUTHORIZED SHARES

Number of Shares

227 Angell Street

50,000 SHS COMM \$1.00 PAR

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.

Class/Series

COMMON

21p 02906

Par Value

\$1.00

Dubain He	"lulo	2/6/97
Signature of Officer	11	Date
DADDADA COUEDDA	/././/	

PRESIDENT

PRESIDENT

PRESIDENT

Title of Officer

Corp. I.D.#0017852

RIDER TO 1997 ANNUAL REPORT OF RHODE ISLAND MEDICAL IMAGING, INC.

OFFICERS:

Gerald Abbott, M.D. Assistant Secretary Jeffrey Brody, M.D. Assistant Secretary Gary Dorfman, M.D. Assistant Secretary Richard Frates, M.D. **Assistant Secretary** Richard Haas, M.D. Assistant Secretary Robert Lambiase, M.D. Assistant Secretary Alfred Moon, M.D. Assistant Secretary Timothy Murphy, M.D. Assistant Secretary Francis Scola, M.D. Assistant Secretary Glenn Tung, M.D. Assistant Secretary Micahel Wallach, M.D. Assistant Secretary John Cronan, M.D. Assistant Secretary Mark Ridlen, M.D. Assistant Treasurer

PHU구1 CORPORATION ANNUAL REPORT

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

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

1. CORPORATE ID NO.	2. NAVE OF CORPORATION	PLEASE TYPE OR	PRINT IN BLACK INK.		
0017852 3 Street address principal busines	Rhode [s]	and Medical Ima	ging, Inc.	···	
227 Angell Str			Providence	STATE RI	02906
331-1110			Island		6. SC CODE
Professional	ஈன்ஸைக்கீண்ணன்னன் Medical Practi			·	10117
RESIDENT NAME		MES AND ADDR	ESSES OF THE OF	FICERS	<u></u>
Barbara Schepp:	s, M.D.	·	Patricia Spence	r, M.D.	
227 Angell Stre	eet siate	<u> 27</u> P 000€	227 Angell Stre		
Providence	RI	02 90 6	Providence	RI	^{ಚ್} ‱ 02906
Jeffrey Rogg, I	1.D. (See atta	ched Rider)	Richard Noto, M	.D.	
227 Angell Stre	et !slate	[ZIP CODE	227 Angell Stre	et	
Providence	RI	02906	Providence	RI	.02906
RECTOR NAME		MES AND ADOR	ESSES OF THE DIR	ECTORS	
Barbara Schepps	s, M.D.		Richard Noto, M.	.D.	· · · · · · · · · · · · · · · · · · ·
227 Angell Stre	et (STATE	72P COOE	227 Angell Stree		
Providence	RI	1	Providence	STATE RI	2000€ 02906
Jeffrey Rogg, M	1.D. Patric	ia Spencer, M.D.	Mark Ridlen, M.D.		
227 Angell Stre	et		227 Angell Street		
Providence	RI	υ∙∞α 02906	Providence	STATE	æ∞∞ 02906
	1 0 . S	HARES AUTHOR	IZEO AND ISSUED	ICCUED CHARES	
NUVBER OF SHARES	CLASS / SERES	PARVALLE	MUMBER OF SHARES	ISSUED SHARES CLASS / SERIES	PAR VALUE
50,000	COMMON	\$1.00	22,770	COMMON	\$1.00
			}		
			i		
Pre	This	s report must be SIG i ent. Secretary Assist	NED IN INK by either the ant Secretary. Treasurer F	Possiver or Trucks	

File Date: 8/21/96
Check No: 1/3/7

By:

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 patements contained herein are true and correct.

Signature of Officer

BARBARA SCHEPPS, M.D.

Print or Type Name of Officer

August/6, 1996

President Title of Officer

Date

Corp. I.D.#0017852

RIDER TO 1996 ANNUAL REPORT OF RHODE ISLAND MEDICAL IMAGING, INC.

OFFICERS:

Gerald Abbott, M.D. Assistant Secretary Jeffrey Brody, M.D. **Assistant Secretary** Gary Dorfman, M.D. **Assistant Secretary** Richard Frates, M.D. **Assistant Secretary** Richard Haas, M.D. Assistant Secretary Robert Lambiase, M.D. Assistant Secretary Alfred Moon, M.D. Assistant Secretary John O'Brien, M.D. **Assistant Secretary** Francis Scola, M.D. Assistant Secretary Glenn Tung, M.D. **Assistant Secretary** Micahel Wallach, M.D. **Assistant Secretary** John Cronan, M.D. **Assistant Secretary** Mark Ridlen, M.D. Assistant Treasurer

State of Rhode Island and Providence Plantations Office of The Secretary of State 100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

ANNUAL REPORT

Please Type or Print File Annually - Jan. 1 - March 1

Filing Fee \$50.00 Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

Corporate ID:	Annual Percet for the years
Rhode Island Medical	Imaging, Inc.
Name of Corporation: Business entity organized under the laws of the State of: Rhode Island	
Business entity organized under the laws of the State of: Rhode 1s1and	Business Entity is (check one):
For foreign entity, address and telephone number of principal office:	[] Business Corporation (See RIGL Chapter 7-1.1)
	[X] Professional Service Corporation (See RIGL Chapter 7-5.1)
•	Brief statement of the above of business and have distributed to
Phone: ()	Brief statement of the character of business conducted in Rhode Island:
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	Troubes X-Ray services to RIT, Hospital Women of Infants Hopfital Hospital
227_Angel1_Street	and at seven office, within
Providence RI 02906	Rhode Stand
Phone: (401)33·1-1·1·10-	
THE NAMES OF 1	THE OFFICERS ARE:
PRESIDENT STREET AL	
VICE PRESIDENT SEE LIST ATTACHED	
VICE PRESIDENT STREET AL	ODRESS CHYSTATE ZIP CODE
SECRETARY STREET AL	DDRESS CITY/STATE ZIP CODE
	FAICORE
TREASURER STREET AI	DDRESS CITY/STATE ZIP CODE.
NAME THE NAMES OF TI	HE DIRECTORS ARE:
SEE LIST ATTACHED	DDRESS CITY/STATE ZIP CODE
NAME STREET AT	DDRESS CHY/STATE ZIP CODE
NAME STREET AT	DDRESS CITY/STATE ZIP CODE
NUMBER OF SHARES AUTHORIZED (Rider may be attached)	NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)
Number of Shares Class / Series	Number of Shares Class / Series
50,000 Common	20,240 Common
Date	Ware frumm (TD) EF BARA SCHEDPS (TD) TYPE NAME OF OFFICER SIGNING
Form 31 1/95 TITLE OF C	HEICER SIGNING
DESIGNATED REGISTERED AG	ENT FOR SERVICE OF PROCESS:
PLEASE NOTE: If the registered office and/or registered agent indicated below	w is incorrect, Form 9 must be filed.

BARBARA SCHEPPS, M.D. 227 ANGELL STREET PROVIDENCE RI 02903 FILED

FEB 6 1995

Va 25375

ATTACHMENT A

RHODE ISLAND MEDICAL IMAGING, INC.

Each of the following are officers of the corporation:

Gerald Abbott, MD., Assistant Secretary John Cronan, MD., Assistant Secretary Gary Dorfman, MD., Vice President Assistant Secretary Richard Frates, MD., Richard Haas, MD., Assistant Secretary Robert Lambiase, MD., Assistant Secretary Soon Yung Lee, MD., Assistant Secretary Alfred Moon, MD., Assistant Secretary Richard Noto, MD., Treasurer John O'Brien, MD., Assistant Secretary Mark Ridlen, MD., Assistant Secretary Jeffrey Rogg, MD., Assistant Treasurer Barbara Schepps, MD., President Vice President Francis Scola, MD., Patricia Spencer, MD., Secretary Assistant Secretary Glenn Tung, MD., Michael Wallach, MD., Assistant Secretary

The current Board of Directors are:

Barbara Schepps, MD., President
Francis Scola, MD., Vice President
Gary Dorfman, MD., Vice President
Patricia Spencer, MD., Secretary
Richard Noto, MD., Treasurer
Jeffrey Rogg, MD., Assistant Treasurer

The address for all physicians listed above is:

Rhode Island Medical Imaging, Inc. 227 Angell Street Providence, RI 02906

pb/officers

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PLEASE TYPE of PRINT CAFF 022662-33396 File Annually
State of Rhode Island and Providence Plantations of CORP Jan. 1 - Mach:
Office of The Secretary of State

100 North Main Street Providence, Rhode Island 02903-1335

401-277 3040

Corporate ID	Annual Report for the year1994
Name of Business Empty R. L. MEDICAL IMAGING	, <u>INC.</u>
Besiness centry organized under the laws of the State of Rhode Island bedera, it species accures and telephone number of principal office. Short of the large of the principal of the observed principal office. Address and telephone of the principal of the of pushiness course of Rhode Island (Provice successfulness). Not P.O. 3 set	Business Unitry is (clack time) [XM] Business Corporation (See RIGI, Chapter 7-1-1) [
227 Angell Street	12/27/68
Providence, RI 02906	Date of Organization12/27/68 Date of Qualification to do business in Rhode Island (if foreign entity)
Barbara Schepps, 227 Angell Street, Providence Jeffrey M. Rogg, M.D., 227 Angell Street, Providence Patricia K. Spencer, M.D., 277 Angell Street, Richard B. Noto, M.D., 227 Angell Street, Richard B. Noto, M.D., 227 Angell Street, Providence School M.D., 227 Angell Street, Providence M.D., 227 Angell M.D., 227 Angell Street, Providence M.D., 227 Angell M	e, RI 02906 dence, RI 02906 Providence, RI 02906 (See attached) didence, RI 02906 - Assistant Treasurer IE DIRECTORS ARE:
Richard B. Noto, M.D., 227 Angell Street, Provided in Street, Prov	
Pri	esident

Annual Report 1994

Corporate ID 0017852

ADDENDUM

R.I. MEDICAL IMAGING, INC.

Director

Address

Patricia K. Spencer, M.D.

Francis H. Scola, M.D.

227 Angell Street, Providence, RI

227 Angell Street, Providence, RI

Address Assistant Secretaries Gary S. Dorfman, M.D. Richard E. Frates, M.D. Richard A. Haas, M.D. Robert E. Lambiase, M.D. Soon Y. Lee, M.D. Alfred C. Moon, M.D. John J. O'Brien, M.D. Michael T. Wallach, M.D. John J. Cronan, M.D. Gerald F. Abbott, M.D. Mark F. Ridlen, M.D.

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID09	017852	A	nnual Report fo	or the year	1993	
First: The name of	of the corporation is	R.I	MEDICAL	IMAGING.	INC.	•••••
SECOND: It is income	rporated under the laws	of Rhode I	sland		••••••••••••	•••••
THIRD: Character	of business, briefly stated	l, isProfess	ionalmedica	.lpractic	e	••••••
Fourth: If foreign	corporation, address of	its principal off	ice N/A			•
FIFTH: Business ad	dress in Rhode Island					
•••••••••••••••••••••••••••••••••••••••		Providenc	eRI0290.6	••••••	·····	•••••
SIXTH: Names and Daniel J. Hanson Richard B. Noto,	, M.D.	Trice 2	Address (inclu 27 Angel 1 St	reet, Pro		•
Jeffrey M. Rogg, Barbara Schepps, Francis H. Scola	M.D.		 II	11		·····
Barbara Schepps,				11	•••••	
Daniel J. Hanson	, M.D. Vice Pi	resident	#	11		
Jeffrey M. Rogg, (SEE ADDENDUM) Richard B. Noto, Francis H. Scola	M.D. Secreta Assistant Secret	ırv	н	11 11		
SEVENTH: Number No. of Shares	of Shares authorized:		Seri e s		Par Value or statement that shares are without par value	
50,000	common	. a F l	FEB 25	1993	\$1.00 par	value
EIGHTH: Number of Shares	of Shares issued:	⊕9c,q g. , ,	Series Of a	15231	Par Value or statement that shares are without par value	
20,240	common				\$1.00 par	value
Dated February	19 93		EDICAL IMAGI ration) back Jcu)	
(Report must be s	signed by an officer)		bara Schepps			••••••

<u>ADDENDUM</u>

R.I. MEDICAL IMAGING, INC.

Assistant Secretaries		Ado	dress		
John J. Cronan, M.D.	227	Angell	Street,	Providence,	RI
Gary S. Dorfman, M.D.		11		TI .	
Richard E. Frates, M.D.		ll.		H	
Richard A. Haas, M.D.		**		11	
Robert E. Lambiase, M.D.		11	••	11	
Soon Y. Lee, M.D.		Ħ		tr	
Louis R. Maiello, M.D.		17		11	
Alfred C. Moon, M.D.		11		II	
John J. O'Brien, M.D.		11		11	
Patricia K. Spencer, M.D.		11		11	
Michael T. Wallach, M.D.		**		w	

State of Rhode Island and Frovidence Flantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID. 0017	852	Annual Report for the	e year
FIRST: The name	of the corporation isR.	I. MEDICAL IMAGING, INC.	
SECOND: It is inco	orporated under the laws of	Rhode Island	
THIRD: Character	of business, briefly stated, is	Diagnostic Radiology	······································
FOURTH: If foreig	n corporation, address of its p	orincipal office	
FIFTH: Business ac	ddress in Rhode Island		
227 Angell S	treet, Providence, RI C	2906	
	d addresses of its directors and		(Attach rider if necessary)
	.D. Director	227 Angell Street, Pro	" "
Richard Haas, M.D.	Director Director Director	" " 227 Angell Street, Prov	11 II
Daniel Hanson , M.E		cn ²²⁷ Angell Street, Provi	•••••••••••••••••••••••••••••••••••••••
Jeffreý Rogg, M.D.	Secretary	227 Angell Street, Provi	
Richard Noto, M.D.	Treasurer	227 Angell Street, Provi	
Seventh: Number	of Shares authorized:		Par Value
No. of Shares 15,000	Class preferred	Senes	or statement that shares are without par value \$100.00 per share
20,000	common	60018462	no par value
Eіднтн: Number o	of Shares issued:		Par Value or statement that
No. of Shares 4,200	Class preferred	Series	shares are without par value \$100.00 pen shane
12,800	common		no par value
Dated December	19	R.I. MEDICAL IMAGING, (Name of Corporation)	•
	I	Barbara Schepps, M.D.,	President
(Report must be	signed by an officer) ']	By Barbara Schepps, M.D., Fitle Dubace Clepp	nmp

State of Rhode Island and Providence Plantations

	100 NORTH PROVIDENCE, RE	MAIN STREET IODE ISLAND 02903	5
Corporate ID.	17852	Annual Report for the	year <u>1991</u>
First: The name of	the corporation is	R.I. MEDICAL IMAG	SING, INC:
SECOND: It is incorp	porated under the laws of		
THIRD: Character of	f business, briefly stated, is		
FOURTH: If foreign	corporation, address of its pri	incipal office	
FIFTH: Business add	ress in Rhode Island		
SIXTH: Names and a	addresses of its directors and	Officers: Address (including nun	(Attach rider if necessary)
	Director		
	Director		
Janua 1	Director	227 Angell St. Prov	vidence, RI 02906
Barbara Dele	pp MD President	227 Angell St. Prov	vidence, RI 02906
Soon Jung Lu	Vice Preside	nt 227 Angell St. Prov	vidence, RI 92906
alfred (In	Secretary	227 Angell St. Prov	vidence, RI 02906
John Ci	MANN Treasurer	227 Angell St. Prov	vidence, Rf 02906
SEVENTH: Number of	of Shares authorized:		Par Value
No. of Shares	Class	Series PAID	or statement that shares are without par value
Еіднтн: Number of	Shares issued:	1625 - 4 1991 30'Y OF STATE	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
Dated January 23,	19	R. I. Medical Imag	ging
(Report must be si	gned by an officer) T	y Parker Hel	teeffor MP

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	1/052	Annual Report for th	ne year1990
First: The name of	f the corporation is		
SECOND: It is incor	porated under the laws of Rh		
THIRD: Character of	of business, briefly stated, is		
	corporation, address of its prin	ncipal office	
	dress in Rhode Island		
227 Angell Street	, Providence, RI 02906		•••••
	addresses of its directors and o	officers:	(Attach rider if necessary)
	Director	•	
	Director		
	Director		
Barbara Schepps	1.D. President	227 Angell St., Provi	idence, RI 02906
S. Y. Lee, M.D.	Vice Presiden	t 227 Angell St., Provi	idence, RI 02906
Alfred Moon, M.D.	Secretary	227 Angell St., Provi	idence, RI 02906
JohnCronanil.D.	Treasurer	227 Angell St., Provi	dence, RI 02906
Seventh: Number	of Shares authorized:		Par Value
No. of Shares	Class	Series	or statement that shares are without par value
20,000	common	PAID	no par value
EIGHTH: Number of	f Shares issued: FE Class SEC'Y	PAID B 21 (ES) COF STATE	Par Value or statement that shares are without
10,800	Common	. OF STATE	par value no par value
Dated February 2	19 90 R.	I. MEDICAL IMAGING, INC	·
	Ву	<i>y</i> ' ' '	
(Report must be si	gned by an officer) Tit	le 'Barbara Schepps, M.	D., President

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903



Corporate ID 17852		Annual Report for the year		
FIRST: The name of	the corporation is	R.L. MEDICAL IMAGING, INC.		
SECOND: It is incorp	oorated under the laws of		Shade Island	
THIRD: Character of	f business, briefly stated, is			
SIXTH: Names and a	addresses of its directors and o		(Attach rider if necessary)	
	Director	All address	are	
······	Director	227 Angell St	t. Providence, RI 02906	
John J. Cronan	Director	John Jog	nan	
Daniel J. Hanso	President	8	for no	
Francis H. Scol	a Vice Presiden	Samil	M. hp	
Barbara Schepps	Secretary	Laubyce Di	legg Mb	
Stephan I. Frat	er Treasurer	Stefter	1 hale les	
Seyenth: Number o	of Shares authorized:	/	Par Value	
No. of Shares	Class	Series	or statement that shares are without par value	
		PAID		
Eighth: Number of	Shares issued:	APR 19 1	Par Value or statement that	
No. of Shares	Class	PAID APR 19 15 SECY. OF S	Shares are without par value	
Dated	19			
		me of Corporation		
(Report must be si	By gned by an officer) Tit		*	
form 31 1/85	but of an omeon,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17852	Annual Report for th	e year 1988
FIRST: The name of the corporation isR.I.		
SECOND: It is incorporated under the laws of THIRD: Character of business, briefly stated, is.		
FOURTH: If foreign corporation, address of its p	orincipal office	
FIFTH: Business address in Rhode Island		
222 Jefferson Blvd., Warwick, RI 0	2888	
SIXTH: Names and addresses of its directors and	f officers:	(Attach rider if necessary)
Director		
Director		······································
Director		······
Daniel J. Hanson, M.D. President	227 Angell Street P	
Francis H. Scola, M. D. Vice Preside	nt 227 Angell Street P	rovidence, RI 02906
Barbara Schepps, M. D. Sceretary	227 Angell Street P	rovidence, RI 02906
Stephan I. Frater, M.D. Treasurer	227 Angell Street P	rovidence, RI 02906
SEVENTH: Number of Shares authorized: No of Shares 20000 Class	Series	Par Value or statement that shares are without par value
Еіднтн: Number of Shares issued:		Par Valuc
No of Shares 9787.5	Series	of statement that shares are without par value
	R.I. MEDICAL IMAGIN Fame of Corporation) Darbare Delegger	· · · · · · · · · · · · · · · · · · ·
(D)	tle Secretary	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL. PROVIDENCE. RHODE ISLAND 02903

Corporate ID 17852	Annual Report for the year 1988
First: The name of the corporation isR.I	. MEDICAL IMAGING, INC.
	Rhode Island
<u>.</u>	practice of radiology
FOURTH: If foreign corporation, address of its	principal office
FIFTH Rusiness address in Dhada Lat.	
	02888
SIXTH: Names and addresses of its directors and	
Director	
Director	
Director	
Daniel J. Hanson, M.D. President	227 Angell Street Providence, RI 0290
Francis H. Scola, M.D. Vice President	ent 227 Angell Street Providence, RI 0290
Barbara Schepps, M.D. Secretary	227 Angell Street Providence, RI 0290
Stephan I. Frater, M.D. Treasurer	227 Angell Street Providence, RI 0290
SEVENTH: Number of Shares authorized:	Par Value
No. of Shares 20000 Class	or statement that shares are without par value
Еіднтн: Number of Shares issued:	SECY OF STATE Series Series
No. of Shares 9787.5 Class	or statement that shares are without par value
Dated July 20, 19 88	R.I. MEDICAL IMAGING, INC.
(Report must be signed by an officer) T	ide Secretary

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

	2		Annual Report for the year	r 1987
First: 7	The name of the	corporation	is R.I. MEDICAL I	MAGING, INC.
SECOND:	It is incorpora	ted under tl	he laws of Rhode Isl	and
THIRD:	Character of bus	iness, briefly	y stated, is practice of	radiology
Fourth:	If foreign cor	poration, a	ddress of its principal offic	e
	Business addres			
10J.	efferson Blvd	., Warwic	k, RI 02888	
Sixth:	Names and add	resses of its	directors and officers:	
	(Addresses must	include street	and number, if any)	
и	lamo	Office	Addr	ess
***************************************		Director)))	
***************************************		Director		
		Director		
Daniel J. H	anson, M.D.	President	227 Angell St.,	Providence, RI
		Vice Presi	dent	
	epps, M.D.		227 Angell St.,	
Stanhan T	Frater, M.D.		227 Angell St.,	Providence, RI
				- h
(If additional a	: Number of S	Shares auth	orized;	Par Valu
(if additional a		Shares auth	orized : PAID	Par Value or statement tight shares are without par value
(if additional a			PAID	or statement up shares are without par value no par value
(If additional a SEVENTH No. of Share		Class	PAID Series	132
(If additional a SEVENTH No. of Shai 8,000		Class common Si	PAID PAID PAID PAID PAID PAID PAID PAID	no par valu
(If additional a SEVENTH No. of Shai 8,000	number of Si	Class common Si	PAID PAID PAID PAID PAID PAID PAID PAID	no par valu
(If additional a SEVENTH No. of Share 8,000 EIGHTH:	number of Si	common Sinares issued	PAID PAID PAID PAID PAID PAID PAID PAID	Par Value or statement that shares are without par value
(If additional a SEVENTH No. of Shall No. of Shall 7,341	Number of Si	Class common Sinares issued Class common	PAID PAID PAID PAID PAID PAID PAID PAID	Par Value or statement that shares are without par value no par value
(If additional a SEVENTH No. of Shai 8,000 EIGHTH: No. of Sha	number of Si	Class COMMON Sinares issued Class	PAID PAID PAID PAID PAID PAID PAID PAID	Par Value or statement that shares are without par value no par value
(If additional a SEVENTH No. of Shall No. of Shall 7,341	Number of Si	Class common Sinares issued Class common	PAID Series PAID Series Series R.I. MEDICAL IMA (Name of Corporation)	Par Value or statement that shares are without par value no par value GING, INC.
(If additional a SEVENTH No. of Shall No. of Shall 7,341	Number of Si	Class common Sinares issued Class common	PAID Series PAID Series Series R.I. MEDICAL IMA (Name of Corporation) By	Par Value or statement that shares are without par value no par value

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MAIL PROVIDENCE, RHODE ISLAND 02903

Corporate ID17852		Annual Report for	the year1986
	10 KI, 111	eclical Ima	9119
SECOND: It is incorp	orated under the laws of	Rhode Island	0 0
THIRD: Character of	Name Office Address (including number, street, zip code) Director Director Director Director Director 227 Angell St., Providence, RI Vice President Thara Schepps, M.D. Secretary 227 Angell St., Providence, RI Providence, RI Par Value or statement that shares are without par value Of Shares Class Series Address (including number, street, zip code) Providence, RI Providence, RI Par Value or statement that shares are without par value		
· ·	corporation, address of its p	orincipal office	
Fігтн: Business add	ress in Rhode Island		
l0.Jefferson.	BlvdWarwickR	L02888	
			(Attach rider if necessary)
	Director		
	Director		•••••
	Director		
Daniel J. Han	sonM.D. President	227 Angell St.,	Providence, RI
	Vice Presid	lent	
Barbara Schep	ps, M.D. Secretary	227 Angell St.,	Providence, RI
Stephan I. Fr	ater. M.D. Treasurer	227 Angell St.,	Providence, RI
Seventh: Number of	of Shares authorized:		
No. of Shares	Class	Series	shares are without
8,000	common e	.	no par value
EIGHTH: Number of	Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
7,341	common	1	no par value
Dated January 22	19 86	RAY MEDICAL SERVICE	CES, INC.
	1 0 1986 / S	Chame of Corporation)	ina m
FEF	3 19 1900 /1/	tota Accust	appoint.
(Report must be si	gned by an officer)	33	

To be filed annually between January 1st and March 1st

State of Chode Island and Providence Plantations Office of the secretary of state

			Annual Report for t	he year 1985
First:	The name of the	he corporation	n is RAY MEDICAL	L SERVICES, INC.
SECOND:	It is incorpo	rated under t	the laws of Rhode	Island
THIRD:	Character of b	usiness, brief	ly stated, isprac	ticeofradiology
Fourth:	If foreign o		address of its principa	li office
***************************************	N/A			
Г ити:	Business addr	ess in Rhode	Island	
	10 Jeffe	rson_Blvd.	Warwick, RI.02	888
Sixth:	Names and ad	ldresses of its	s directors and office	ers:
	(Addresses mus	st include street	and number, if any)	
N	lamo	Office		Address
		Director		
0MD0M0	*******************	Director		
				St. Providence, RI
			_	
	epps, M.D.	_		l St., Providence, R
	Frater, M.D pace is needed, a		22/_Ange	l St., Providence, R
Seventh	: Number of	Shares auth	orized:	Par Value
No. of Sha	res	Class	Series	or sintement that shares are without par value
				•
8,000		соптол		no par value
Eighth:	Number of	Shares issued	i:	Par Value or statement that
No. of Sha	res	Class	Series	shares are without par value
7341	·	common		no par value
Dated: Max	ch 20 2	19 85	RAY MEDICAL	SERVICES, INC.
	ch 20 04/29/85		By Darbus	Deligan Mil).
			Barbara	Schepps, M.D.
	PAID			signed by an officer)
			I triabout most be	orginad by an onicery
		오 🏞		

15.00 15.00

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Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 270 WESTMINSTER MALI. PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17352	•••••	Annual Report for the	e year1985	<u>V</u>
FIRST: The name of the corporation	isRAY MEI	DICAL SERVICES INC.		
		Rhode Island		
THIRD: Character of business, briefly	y stated, is	iagnostic imaging servi	.ces	
FOURTH: If foreign corporation, add	lress of its prin	ncipal office		
FIFTH: Business address in Rhode Is				
	Prov	idence. Rhode Island.0		
SIXTH: Names and addresses of its of Name	directors and o		(Attach rider if s number, street, zip code)	necessary)
John J. O'Brien, M. D.	Director	227 Angell Street,	Providence, R.I	02903
	Director			••••••
Daniel J. Hanson, M.D.	President =	227 Angell Street,	Providence, R.I.	02903
Richard E. Frates, M.D.	Vice Presider	nt- 227 Angell Street,		
Barbara Schepps, M.D.	Secretary Director	- 227 Angell Street, 227 Angell Street,		
Stephan I. Frater, M.D. Seventh: Number of Shares autho	Director		Par Value	••••••
SEVENTH: Number of Shares authonomon of Shares 10,000 Class	rized.	Series	or statement that shares are without par value	no par value
EIGHTH: Number of Shares issued:			Par Value or statement that shares are withou	
No. of Shares 6,501 Class		Series	par value	no par value
Dated February 26, 1985 19.		Ray Medical Services	sInc	
E BBCBIN HO MA	· · · · · · · · · · · · · · · · · · ·	By Sand J. Fo		••••••
(Report must be signed by an office	r) 7	Title President		••••••

State of Uhode Island and Providence Plantations Office of the secretary of state

		Aı	nnual Report	for the yea	r 1984		
First: T	he name of the	corporation is			F 1941444 - 4 111		
***************************************		RAY MEDICAL	SERVICES, IN	IC.,			
SECOND:	It is incorpora	ited under the	aws ofF	Rhode Isla	nd ,		
THIRD: C	Character of bus	siness, briefly st	ated, is pr	ofessiona	1 medical co	prpogat	ion
specializing	in radiologica	ılservi.ces	···· · · · · · · · · · · · · · · · · ·				
Fourth:	N/A	rporation, addr	-	ncipal offic	e .		
Fifth: I		ss in Rhode Isla					
10 Jeffer	sonBlvd.,Wai	wi.ck ,Rhode I s	land.02888.				
Sixth: 1	Vames and add	resses of its di	rectors and o	officers:			
	(Addresses must	Include street and	number, if any)			
Na Na	ime	Office		ـــــ Addro	255		
Daniel Hanson Alfred Moon,M Stephan Frate Francis Scola Barbara Shepp	.D. :r .M.D.	Director Director	277 Angell 277 Angell 277 Angell	l Street, I Street, I Street,	Providence, Providence, Providence, Providence, Providence,	Rhode RI RI	Island
	son, M. D.		227 Angell	l Street,	Providence,	RI	
		. Vice Presider	nt 227 Angell	Street,	Providence,	RI	
Stephan Frate	I,M.D. Is,M.D. Ass't Ir,M.D. Dace is needed, at	Treasurer	227 Angel 1	Street,	Providence, Providence, Providence,	RI	
Seventh:	Number of	Shares authori	zed:		Par Value		
No. of Share	rs	Class	Series		or statement the shores are with par value		
600		Common		no	par value		
EIGHTH:	Number of S	hares issued:	Series		Par Value or statement the shares are with por value		
300		common	q	no	par value		
700			12		Lat. Latera		
Dated: Jan	nuary 25	1984	RAY MEDICA	AL SERVICE	S, INC.		
	4PR3 1984	ру) в Т		asus/ is Scola,M tary	d by an officer	1	_
			• •				

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

		Annual Report f	or the year 198	3
FIRST: The name of	f the corporation	on is Ray Medical	Services, I	nc
G				
		the laws of Rhode		
THIRD: Character of	of business, brie	fly stated, is Medic	al Office	
		··· ··· ·· ·· · · · · · · · · · · · ·		** ** ** **
Fourth: If foreign	n corporation,	address of its princ	cipal office	

FIFTH: Business ac	ddress in Rhodo	e Island (blank rep	ports will be mai	led to this
address) 227 Angell S	t. Providen	ce, R. I. 02906		
Sixth: Names and	addresses of i	ts directors and of	ficers:	
(Addresses	must include stree	t and number, if any)		
Name	Office		Address	
	Director			
	Director			
Banbara Schepps, M. D.	Director	70 Dryden Ave.	Pawtucket, RI 02	2860
Daniel J. Hanson, M. D.	President	t 116 Nayatt Rd. p	Barrington, RI ()2806
Alfred C. Moon, M. D.	Vice Pro	sident 10 Briarwood		
Francis H. Scola, M. D.	-	70 14-4-1	Rd. Barrington,	
Stephan I. Frater, M. D	Treasure	227 350511 Co	Providence, RI	02906
SEVENTH: Number	of Shares aut	horized:	Par V	
No. of Shares	Class	Series	or statem shares are par vi	without
600			0	
		FEB 21	1983	
Eighth: Number o	of Shares issue	ed: ²⁰⁰	Par V or stateme	
No. of Shares	Class	Series	shares are par v	without
Dated: February 9, 100	1983	2 53 . Ray Medical	. Services, Inc.	
	13	Name of Cork	be signed by an of	ticer)
If the corporation has	s changed its req	istered office and/or	r its registered age	ent,
Form #9 must be filed	. Please contact C	orporation Division to	r information, 277-3	040

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

			Annual Report for	the year 1982	
	FIRST: The	name of the corporation RAY MEDICA	is AL SERVICES, INC.		
	SECOND: It i	s incorporated under th	elaws of Rhode	Island	
	THIRD: Char	acter of business, briefly	stated, is x-ray	services.	
	*				
		foreign corporation, ad /A	dress of its princi	pal office	
	Fifth: Busi	ness address in Rhode I	sland (blank repo	rts will be mailed to	this
	address)10	Jefferson Boulevard, V	łarwick, Rhode Is	land 02888	
	Sixth: Nam	es and addresses of its	directors and offic	cers:	
	(A	ddresses must include street a	nd number, if any)		
	Name	Office		Address	
% 7.∖	Daniel J. Hanso Barbara Schepps Theresa Lee	21100001	227 Angell S	treet, Providence,	R.J.
•/	Francis H. Scol		ú		· · · · · · · · · · · · · · · · · · ·
		er Director	"	· · · · · · · · · · · · · · · · · · ·	
	Daniel J. Hanso	n President			
			ent "		
	Francis H. Scol Barbara Schepps Stephan I. Frat (If additional space is n				
		umber of Shares author	·	Par Value or statement that shares are withou	
	No. of Shares	Class	Series	par value	
	600	Common		no par valu	е
		mber of Shares issued:		Par Value or statement that shares are withou	
	No. of Shares 600	Class	Series	parvalue no par valu	۵۱
	000	Consisti	+ 21 a	no par vara	
	Dated: Marc		By Francis H. S Title Secretary	y Why	
	_ -				

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Design for information. 277-3040

State of Chode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

	(OF 1981	• • • • • • • • • • • • • • • • • • • •
0.0	RAY MEDICAL SE	ERVICES, INC.	
amended, the undersign	ned corporation herel	b y submits the f o	ne General Laws, 1956, a llowing annual report: SERVICES, INC.
SECOND: It is inc	corporated under the	laws of Rhode I	sland
THIRD: The add	ress of its registered o	office in Rhode Isl	and is
and the name of its regi	stered agent in Rhode	e Island at such a	ddress is
			rincipal office in the state of
	x-ray services.		actually engaged in Rhodo
SIXTH: The name	s and respective addr	esses of its direct	ors and officers are:
Daniel J. Hanson	Director	227 Angell S	treet, Providence, R. I.
Theresa Lee	Director	227 Angell S	treet, Providence, R. I.
Francis H. Scola	Director	227 Angell S	treet, Providence, R. I.
Stephan [. Frater	Director	227 Angell S	treet, Providence, R. I.
Barbara Schepps	Director		treet, Providence, R. I.

Daniel J. Hanson	President		<u>e</u>
Theresa Lee	Vice Preside	nt"	
Francis H. Scola	Secretary		
Stephan I. Frater	Trescurer	" "	
Barbara Schepps /	Ass't Treasurer	• • • • •	
DEVENTH: The agg	tregate number of sh	ares which it has	authority to issue, itemized ies, if any, within a class, is:
of eraceother targette	ares, shares wrinout	pai vaiue, and sei	Par Value per Share
Numher of Shares	Class	S	n or Statement that Shares are without
-	<u>Class</u>	Series	œ
600	Common		81 no par value
			₩ •'
			· • • • • • • • • • • • • • • • • • • •
			∞ • ≯ *
			- 0

APR 28 1981

FORM 31 35M 10-75

Number of Shares	<u>Class</u>	<u>Series</u>	Par Value per Share or Statement that Shares are without Par Value
600	Common		no par value
• :			
•			
•			
Dated February	, 1981	RAY MEDICAL SE	RVICES. INC
Dated	, 19	(NAME OF COR	
	70	4	11/
	By Fr	ancis H. Scola	V. Marine
		Its Seci	retary

State of Rhode Island and Providence Plantations office of the secretary of state

ANNUAL REPORT

	OF 19	• • • •	
	RAY MEDICAL SERV	ICES, INC.	
amended, the undersign	provisions of Section 7.1 ned corporation hereby sub	1-118 of the General Laws, 1956, bmits the following annual report:	as
SECOND: It is in	corporated under the laws o	of Rhode Island	
	ress of its registered office i treet, Providence, Rhode		
	istered agent in Rhode Islar ase, M. D.		
FOURTH: If a fo		ress of its principal office in the state	
Island, briefly stated,	is x-ray services.		de
			•
Name Daniel J. Hanson Theresa Lee Francis H. Scola Stephan Frater Barbara Schepps Daniel J. Hanson Theresa Lee Francis H. Scola Stephan Frater Barbara Schepps SEVENTH: The a	Office Director Director Director Director Director Director President Vice President Secretary Treasurer Assistant Treasurer	fits directors and officers are: Address 227 Angell Street, Providence, R 228 Angell Street, Providence, R same as above same as above	. I.
Number of Shares	<u>Class</u> Common	Series 8 or Statement that Shares are without Par Value 80 or No Par Value	
		5312A114	30

Number of Shares	<u>Class</u>	Series	Par Value per Share or Statement that Shares are without Par Value
600	Common		No Par Value

Dated August 12, , 19 80

RAY MEDICAL SERVICES, INC.

By / samus

'_{Tre} Secretary

Form 31 12M 8-77

To be filed annually between January 1st and March 1st

D.

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

		01		
Ray Medic	al Services	, Inc.	·	
amended, the undersigned First: The name of	corporation the corpora	ection 7.1.1 hereby sub tion is Ray	I-118 of the Comits the follow Medical Servi	General Laws, 1956, as
SECOND: It is incorp				and
THIRD: The address				is 227 Angell
and the name of its register		Rhode Islan	d at such addre	ess is Daniel J. Hanson, M.
country under the laws of v	vhich it is inc	corporated i	is	ipal office in the state or
FIFTH: The characteristic field of the state	ter of the bu	usiness in v	which it is acti	ually engaged in Rhode
SIXTH: The names and		ddresses of	its directors an	nd officers are:
	Direc	ctor		
	Direc	ctor		
	Direc	ctor		
	Direc	ctor	P = P = P =	
	Direc	etor		
	Direc	ctor		
Daniel J. Hanson, M	. D. Presi	dent	227 Angell	St.Providence, R. I.
	Vice			St. Providence, R. I.
Francis H. Scola, M		-	227 Angell	St. Providence, R. I.
Stephan I. Frater, ! John J. O'Brien, M.	a p	-	227 Angell	St. Providence, R. I. St. Providence, R. I.
SEVENTH: The aggr by classes, par value of shar				thority to issue, itemized, if any, within a class, is:
Number of Shares	Class	10	<u>Series</u>	Par Value per Share or Statement that Shares are without Par Value
<i>\$</i> 00		9		-0-
	·	99-4A14····]		OCT 18 19/9

3	00			Par Value per Share or Statoment that Shares are without Par Value
				0
1				
:				
	, P	. 4		
	; .	gr ne		
Dated ^{Oc}	ctober 15,	, 19 ⁷⁹ Ray	/ Medical Services,	, Inc.
		, 10	(NAME OF COR	the contract of the contract o

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF 1978

RAY MEDICAL S	SERVICES, INC.	
Pursuant to the provisions of Section amended, the undersigned corporation hereb	7-1.1-118 of the G	eneral Laws, 1956, as
FIRST: The name of the corporation is	9	
RAY MEDICAL S	SERVICES, INC.	•••••••••••••••••••••••••••••••••••••••
SECOND: It is incorporated under the l	aws of Rhode	Island
THERD: The address of its registered o		
and the name of its registered agent in Rhode	Island at such addre	ess is
FOURTH: If a foreign corporation, the country under the laws of which it is incorpo	address of its princ	ipal office in the state or
FIFTH: The character of the business Island, briefly stated, isX-ray_services	s in which it is actu	ally engaged in Rhode
SIXTH: The names and respective addresses Office	esses of its directors	and officers are:
DANIEL J. HANSON Director	227 Angell Stree	t. Providence, RI
DANIEL J. ALVES Director	227 Angell Stree	t. Providence. RI
JOHN J. O'BRIEN Director	227 Angell Stree	et, Providence, RI
ALFRED C. MOON Director	227 Angell Stree	t, Providence, RI
LOUIS MAIELLO Director	227 Angell Stree	t, Providence, RI
Director		
DANIEL J. HANSON President		t, Providence, RI
DANIEL J. ALVES Vice Presider	nt 227 Angell Stree	et, Providence, RI
RICHARD E. FRATES Secretary	227 Angell Stree	t, Providence, RI
JOHN J. O'BRIEN Treasurer ALFRED C. MOON ASST. TREASURER	227 Angell Stree	t, Providence, RI
SEVENTH: The aggregate number of sha by classes, par value of shares, shares without p	ares which it has auti	nority to issue, itemized
Number of Shares Class	9 Sostes	Par Value per Share or Statement that Shares are without Par Value
600 COMMON	78	NO PAR VALUE
FORM 31 35M to-75	•••••• 5.00 4111 A 14••••1 5.00	SEP 25 1978

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
500	COMMON		NO PAR VALUE

Dated August 31 , 19.78

RAY MEDICAL SERVICES, INC.

(NAME OF CORPORATION)

By Richard E. Frates, M.D.

Its Secretary

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT OF 1977

	sions of Section 7.1		
amended, the undersigned co	-	bmits the following	annual report:
FIRST: The name of t	he corporation is RAY MEDICAL SERVIC	ES INC	
SECOND: It is incorpor	rated under the laws	of RHODE ISLA	(D
	f its registered office TREET, PROVIDENCE,		
and the name of its registere JOSEPH LAMBI	d agent in Rhode Isla ASE, M.D.		
FOURTH: If a foreign country under the laws of wh		lis NOT APPLICABLE	
Island, briefly stated, is X			
	respective addresses o	of its directors and of	ficers are:
Name	Office	Add	ress
	Office Director	Add	ficers are: ress T, PROVIDENCE, RI
Name DANIEL J. HANSON	Office Director Director	Add 227 ANGELL STREE	ress
Name DANIEL J. HANSON DANIEL J. ALVES	Office Director Director Director	227 ANGELL STREE SAME AS ABOVE	ress
Name DANIEL J. HANSON DANIEL J. ALVES JOHN J. O'BRIEN	Office Director Director Director Director	227 ANGELL STREE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE	ress
Name DANIEL J. HANSON DANIEL J. ALVES JOHN J. O'BRIEN ALFRED C. MOON	Office Director Director Director Director Director	227 ANGELL STREE SAME AS ABOVE SAME AS ABOVE	ress
Name DANIEL J. HANSON DANIEL J. ALVES JOHN J. O'BRIEN ALFRED C. MOON	Office Director Director Director Director Director Director	227 ANGELL STREE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE	ress
Name DANIEL J. HANSON DANIEL J. ALVES JOHN J. O'BRIEN ALFRED C. MOON LOUIS MAIELLO	Office Director Director Director Director Director President	227 ANGELL STREET SAME AS ABOVE	ress
Name DANIEL J. HANSON DANIEL J. ALVES JOHN J. O'BRIEN ALFRED C. MOON LOUIS MAIELLO DANIEL J. HANSON	Office Director Director Director Director Director President	227 ANGELL STREE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE SAME AS ABOVE	ress
Name DANIEL J. HANSON DANIEL J. ALVES JOHN J. O'BRIEN ALFRED C. MOON LOUIS MAIELLO DANIEL J. HANSON DANIEL J. ALVES LOUIS MAIELLO JOHN J. O'BRIEN ALFRED C. MOON	Office Director Director Director Director Director President Vice President Secretary Treasurer	227 ANGELL STREET SAME AS ABOVE	ress T, PROVIDENCE, RI
Name DANIEL J. HANSON DANIEL J. ALVES JOHN J. O'BRIEN ALFRED C. MOON LOUIS MAIELLO DANIEL J. HANSON DANIEL J. ALVES LOUIS MAIELLO JOHN J. O'BRIEN	Office Director Director Director Director Director President Vice President Secretary Treasurer SSI. TREASURER	227 ANGELL STREET SAME AS ABOVE	ress T, PROVIDENCE, RI rity to issue, itemize

		sa which it has authority to issue, itemized
by classes, par val	ue of shares, shares without par	value, and series, if any, within a class, is:
		Par Volue per Share

Number of Shares	Class	Series	Shares are without Par Value
600	COMMON		WITHOUT PAR VALUE

Number of Shares	Class	Series	or Statement that Shares are without Par Value
600	COMMON		WITHOUT PAR VALUE

Dated

RAY MEDICAL SERVICES, INC.

NAMEPOF CORPORATION)

By

RESERVICES, INC.

NAMEPOF CORPORATION

Its Services

1976

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

	OF		
	RAY MEDICAL SERV	ICES, INC.	
Pursuant to the proamended, the undersigne First: The name of	ovisions of Section 7-1 d corporation hereby s	.1-118 of the G ubmits the follow	General Laws, 1956, as
SECOND: It is incom	rporated under the law	rs of RHODE I	SLAND
227 ANGELL STREET and the name of its regis	s of its registered office, PROVIDENCE, RI- tered agent in Rhode I.	sland at such add	dress is
FOURTH: If a foreit country under the laws of		ted is. Not appli	ipal office in the state or icable
briefly stated, isX-RAY	SERVICES	ich it is actually e	engaged in Rhode Island,
Name	and respective address	ses of its director	rs and officers are:
DANIEL J. HANSON	Director	227 Angell Stree	et, Providence, RI
DANIEL J. ALVES	Director	H H H	
JOHN J. O'BRIEN		H H H H	
ALFRED C. MOON	Director	u u u u	
LOUIS, MAIELLO	Director	н н о	
	Director		
DANIEL J. HANSON	President	Same as above	
DANIEL J. ALVES		Same as above	
LOUIS MAIELLO	Secretary	Same as above	
JOHN J. O'BRIEN ALFRED C. MOON	Treasurer Asst.Treasurer	Same as above Same as above	
SEVENTH: The aggreed by classes, par value of sha			thority to issue, itemized s, if any, within a class, is:
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	COMMON \$1670		WITHOUT PAR VALUE

JAN 6 1977

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	COMMON		WITHOUT PAR VALUE

DECEMBER: 28 , 19 76 Dated

RAY MEDICAL SERVICES, INC.
(NAME OF CORPORATION)

By Weins Maulle M.D.

Its Sec.

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF.

***************************************	RAY MED	ICAL SERVICES, INC.	
amended, the undersign	ed corporation here	by submits the follow	General Laws, 1956, as ing annual report:
	RAY MED	ICAL SERVICES, INC.	
SECOND: It is inc	orporated under the	laws of RHODE	ISLAND
			is
and the name of its regis	stered agent in Rhod	e Island at such addre	ess is
Fourth: If a for	eign corporation, th	e address of its princ	ipal office in the state or
			ually engaged in Rhode
•			
·#->			***************************************
SIXTH: The name	s and respective add	resses of its directors	and officers are:
Namo	Office		Address
OSEPH LAMBIASE		227 ANGELL STRE	ET, PROVIDENCE, RHODE ISLAN
OHM O'BRIEN		SAME AS ABOVE	D'AllierO)DeDevictivi (1. 44/D((((A.77710+0)))
RANCIS H. SCOLA	Director	SAME AS ABOVE	
OHN TOME I	Director		HO4440
ANIEL ALVES	Director	SAME AS ABOVE	(I)************************************
	Director		
OSEPH LAMBIASE	President		
JOHN TOMEI JOHN TOMEI JANIEL ALVES	ASST. Vice Presid SECRETARY Secretary	ent SAME AS ABOVE SAME AS ABOVE	
RANCIS H. SCOLA JOHN O'BRIEN		SAME AS AROVE	
SEVENTH: The agg by classes, par value of sh	gregate number of sl ares, shares without	hares which it has aut par value, and series,	hority to issue, itemized if any, within a class, is:
		•	Par Value per Share
Number of Shares	Class	Series	or Statement that Shares are without Par Value
600	COMMON		NO PAR VALUE

FEB 16 1975

FORM 31 35M 6-73

Number of Shares	Class	<u>Series</u>	or Statement that Shares are without Par Value
600	CONFION		NO PAR VALUE

Dated JANUARY ., 19....75

RAY MEDICAL SERVICES, INC.

)

SECRETARY

State of Chode Island and Providence Plantations office of the secretary of state

ANNUAL, REPORT OF

FIRST: The name of th	rooration hereby s	1.1-118 of the Gener submits the following a RAY MEDICAL SERVI	ral Laws, 1956, as
Second: It is incorpor		RHODE ISALN	D
THIRD: The address of	•		
227 ANGELL STREET, PRO	•		
and the name of its registered JOSEPH J. LAMBIASE	agent in Rhode Is	land at such address is	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
FOURTH: If a foreign country under the laws of wh		- · · · · · · · · · · · · · · · · · · ·	
FIFTH: The character	of the business i	CES	
f			
SIXTH: The names and Name JOSEPH J. LAMBIASE	Office	Addı	
STEVEN I. FRATER		SAME AS ABOVE SAME AS ABOVE	
FRANCIS H. SCOLA	Director	SAME AS ABOVE	
ALFRED C. MOON		SAME AS ABOVE	
JOSEPH J. LAMBIASE	•	SAME AS ABOVE	
		SAME AS ABOVE	
	Secretary	SAME AS ABOVE SAME AS ABOVE	
DANIEL J. HANSON	TREASURER		
DANIEL J. HANSON FRANCIS H. SOOLA VICE SEVENTH: The aggrega by classes, par value of shares,	ite number of shar	es which it has authori	ny, within a class, is:
DANIEL J. HANSON FRANCIS H. SOOLA VICE SEVENTH: The aggrega	ite number of shar	es which it has authori	ty to issue, itemized my, within a class, is: Par Value per Share or Statement that Shares are without Par Value

FEB 22 1974

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
600	COMMON		NO PAR

JANUARY 29 Dated.

RAY MEDICAL SERVICES,
(NAME OF CORPORATION)

State of Alade Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

DAV	PEALTY	CORPORATION
RM I	KEMLII	COMPONATION

>++++>++++>+++++++++++++++++++++++++++			***************************************
Pursuant to the provisi amended, the undersigned co FIRST: The name of the	rporation hereby s he corporation is	-1.1-118 of the Gener submits the following a RAY REALTY	innual report:
SECOND: It is incorpor	rated under the lav	vs of RHODE ISLA	ND
THIRD: The address of 227 ANGELL ST		ce in Rhode Island is	
and the name of its registered			
FOURTH: If a foreign country under the laws of w			
FIFTH: The character Island, briefly stated, is	REAL ESTATE I		
SIXTH: The names and Name JOSEPH J. LAMBIASE	Office	ses of its directors and Add 227 ANGELL ST. F	r¢88
STEVEN I FRATER		SAME AS ABOVE	•
DANIEL J. HANSON		SAME AS ABOVE	
FRANCIS H. SCOLA		SAME AS ABOVE	
ALFRED C, MOON	Director	SAME AS ABOVE	
JOSEPH J. LAMBIASE		SAME AS ABOVE	
STEVEN FRATER Q	Vice President		
ALFRED C. MOON	Secretary	SAME AS ABOVE	_
DANIEL J. HANSON FRANCIS H. SCOLA V SEVENTH: The aggreg	Treasurer ICE-TREASURER ate number of shar	SAME AS ABOVE SAME AS ABOVE res which it has author	ity to issue, itemized
by classes, par value of shares	s, shares without pa	ar value, and series, if a	ny, Within a class, is: Par Value per Share
Number of Shares	Class	Series	or Statement that Shares are without Par Value
500	COMMON		NO PAR VALUE

FEB 22 1974

J. R.

Number of Shares	Class	Series	or Statement that Shares are without Par Value
500	COMMON		NO PAR COMMON

Dated JANUARY 29,, 19 74

RAY REALTY CORPORATION (NAME OF CORPORATION)

Par Value per Share

Tra SECRETARY

27-74 STATE 831 AR**** 15.00

104H 31 50M 6-72

To be filed annually 1973 between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

ANNUAL REPORT

OF

* 11 1 * 111111 (421) 41	RAY MEDICAL	SERVICES, INC.	
amended, the undersigned of	orporation her	n 7-1.1-118 of the Gene eby submits the following is RAY MEDICAL SE	g annual report:
SECOND: It is incorpo	rated under the	e laws of RHODE ISLAND	
THIRD: The address of	of its registered	office in Rhode Island is	
227 ANGELL STREET		***************************************	
and the name of its register JOSEPH J. LAMBIASE	_	ode Island at such addres	
FOURTH: If a foreign country under the laws of w	-	-	
FIFTH: Thecharacter	of the business i	n which it is actually enga	
briefly stated, is X-RAY			-
	-		
SIXTH: The names ar	id respective ad	dresses of its directors ar	
JOSEPH J. LAMBIASE	Director	227 ANGELL ST. PR	OVIDENCE, R.I.
STEVEN I. FRATER	Director	227 ANGELL ST. PR	OVIDENCE, R.I
DANIEL J. HANSON	Director	227 ANGELL ST. PR	OVIDENCE, R.I.
FRANCIS H. SCOLA		227 ANGELL ST. PR	OVIDENCE, R.I.
ALFRED C. MOON	Director Director	227 ANGELL ST. PR	OVIDENCE, R.I.
JOSEPH J. LAMBIASE	President	SAME AS ABOVE	
STEVEN FRATER	Vice Presid	lent SAME AS ABOVE	
ALFRED C. MOON	Secretary	SAME AS ABOVE	
DANIEL J. HANSON			
		R SAME AS ABOVE hares which it has author	ity to issue, itemized
by classes, par value of share			
Number of			Par Value per Share or Statement that Shares are without
Shares	Class	Series	Par Value
600	COMMON		NO PAR VALUE

Number of Shares Class Series Par Value per Share or Statement that Shares are without Par Value

600 COMMON NO PAR VALUE

Dated JANUARY , 19 72

Ray Medical Services, Inc. ...

By MALERED

ALFRED C. MOON
Its Secretary

FEB 26-73 SEC. 0F .. 996 AR** * * 15.00

Dup. filed Q-21-83

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

······································	e name of the corpor				
SECOND: I	RAY				
SECOND: I		MEDICAL S	ERVICES, I		
	t is incorporated un	der the laws	of Rhoc	le Island	
THIRD: Ch	naracter of husiness 1	briefly state	d, is profes	sional medi	cal_corporation
specializ	.s'	services			
Fourth	Cray or wing	, address	of its princi	pal office	
,	(3, 9, 2, 2, 1, 1, 2)	*** ******			
FIFTH:	4,),	de Island	(blank repor	rts will be mail	ed to this
address) 10 J	efferson Bouleva	ırd. Warwi	ck, Rhode	Island 02	888
Sixth: N	ames and addresses	of its direct	tors and offic	ers:	
	(Addresses must include	street and num	ber, if any)		
Nam	e Office	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Address	
	nson Direc	tor 2	277 Angell	Street Pro	vidence, R.I. vidence, R.I.
	er Direc	tor 2	277 Angell	Street, Pro	vidence, R.I.
Francis Scol Barbara Shep	a ps Direc				vidence, R.I. vidence, R.I.
Daniel J. Ha	nson Presi	dent	227 Angell	L.Street, Pr	ovidence, R.I.
Alfred Moon	Vice	President	227 Angell	Street, Pr	ovidence, R.I.
Barbara Shep Stephan Frat	.a Secre ps Ass't Trea er Treas is needed, attach rider)	etary asurer surer	227 Angel!	l Street, Pr	ovidence, R.I. ovidence, R.I. ovidence, R.I.
SEVENTH:	Number of Shares	authorized:		Par V or statem	ent that
No. of Shares	Class		Series	shares are par v	
600	Common			no par va	ilue
EIGHTH:	Number of Shares	issued:	Series	Por V or statem shares on par v	ent that e without
300	Common	↓	,	no par va	lue
Dated: Febru	pary 28, 19	83 - 83	Franci Secret	s Scola	