



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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 17852		2. Name of Corporation Rhode Island Medical Imaging, Inc.									
3. Street Address Principal Business Office 20 CATAMORE BOULEVARD		City EAST PROVIDENCE	State RI	Zip 02914							
4. Business Phone No. 4014322520		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
President Name Richard Noto, M.D.		Vice President Name Barbara Schepps, M.D./Mark Ridlen, M.D.									
Street Address 20 Catamore Boulevard		Street Address 20 Catamore Boulevard									
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914						
Secretary Name Jonathan Movson, M.D.		Treasurer Name William Mayo-Smith, M.D.									
Street Address 20 Catamore Boulevard		Street Address 20 Catamore Boulevard									
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914						
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS											
Director Name Barbara Schepps, M.D.		Director Name Richard Noto, M.D.									
Street Address 20 Catamore Boulevard		Street Address 20 Catamore Boulevard									
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914						
Director Name Mark Ridlen, M.D./Jonathan Movson, M.D.		Director Name William Mayo-Smith, M.D./John Cronan, M.D.									
Street Address 20 Catamore Boulevard		Street Address 20 Catamore Boulevard									
City E. Providence	State RI	Zip 02914	City E. Providence	State RI	Zip 02914						
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES					11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES						
Number of Shares		Class/Series		Par Value		Number of Shares		Class/Series		Par Value	
50,000 COMM \$1.00 PAR VALUE						3850		Common		No par value	

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

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 Richard Noto Date 1/11/05  
Print or Type Name of Officer RICHARD NOTO MD  
Title of Officer PRESIDENT

\*17852 DBC 01/07/05 11:33:06 AM\*  
File Date 1-20-05  
Check No. 22567  
By: [Signature]  
FOR SECRETARY OF STATE USE ONLY

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. Piccoello, 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



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 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 17852		2. Name of Corporation Rhode Island Medical Imaging, Inc.			
3. Street Address Principal Business Office 20 CATAMORE BOULEVARD			City EAST PROVIDENCE	State RI	Zip 02914
4. Business Phone No. 4014322520		5. State of Incorporation RHODE ISLAND			6. SIC Code 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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name RICHARD NOTO, M.D.			Vice President Name BARBARA SCHEPPS, M.D./MARK RIDLEN, M.D.		
Street Address 20 CATAMORE BOULEVARD			Street Address 20 CATAMORE BOULEVARD		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name JONATHAN MOVSON, M.D.			Treasurer Name WILLIAM MAYO-SMITH, M.D.		
Street Address 20 CATAMORE BOULEVARD			Street Address 20 CATAMORE BOULEVARD		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name BARBARA SCHEPPS, M.D.			Director Name RICHARD NOTO, M.D.		
Street Address 20 CATAMORE BOULEVARD			Street Address 20 CATAMORE BOULEVARD		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Director Name MARK RIDLEN, M.D./JONATHAN MOVSON, M.D.			Director Name WILLIAM MAYO-SMITH, M.D./JOHN CRONAN, M.D.		
Street Address 20 CATAMORE BOULEVARD			Street Address 20 CATAMORE BOULEVARD		
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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			3750	COMMON	NO PAR VALUE

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

\*17852 DBC 09/29/04 09:31:32 AM\*

File Date 10-5-04

Check No. 21449

By: Richard Noto

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.

Richard Noto 9/30/04  
Signature of Officer Date  
RICHARD NOTO MD  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer

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
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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. Piccoello, 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



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 2003**

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. "17852"		2. Name of Corporation Rhode Island Medical Imaging, Inc.			
3. Street Address Principal Business Office 20 CATAMORE BOULEVARD		City EAST PROVIDENCE	State RI	Zip 02914	
4. Business Phone No. 4014322520		5. State of Incorporation RHODE ISLAND		6. SIC Code 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) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Richard Noto, M.D.		Vice President Name Barbara Schepps, M.D./Mark Ridlen, M.D.			
Street Address 20 CATAMORE BOULEVARD		Street Address 20 CATAMORE BOULEVARD			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Secretary Name Jonathan Movson, M.D.		Treasurer Name William Mayo-Smith, M.D.			
Street Address 20 CATAMORE BOULEVARD		Street Address 20 CATAMORE BOULEVARD			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Barbara Schepps, M.D.		Director Name Richard Noto, M.D.			
Street Address 20 CATAMORE BOULEVARD		Street Address 20 CATAMORE BOULEVARD			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
Director Name Mark Ridlen, M.D./Jonathan Movson, M.D.		Director Name William Mayo-Smith, M.D./John Cronan, M.D.			
Street Address 20 CATAMORE BOULEVARD		Street Address 20 CATAMORE BOULEVARD			
City EAST PROVIDENCE	State RI	Zip 02914	City EAST PROVIDENCE	State RI	Zip 02914
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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		44,275	Common	\$1 par value

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



\*\*17852\* 8/13/03 11:33:48 AM\*  
File Date 8-13-03  
Check No. 16157  
By: UP  
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.

Richard B. Noto, MD 8/13/03  
Signature of Officer Date  
RICHARD B. NOTO, MD  
Print or Type Name of Officer  
PRES.  
Title of Officer

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. Piccoello, 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



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

17852

2. Name of Corporation

Rhode Island Medical Imaging, Inc.

3. Street Address Principal Business Office

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

4. Business Phone No.

432-2520

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) ☒ X FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Richard Noto, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

Secretary Name

Jonathan Movson, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

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

State

Zip

E. Providence

RI

02914

Director Name

Mark Ridlen, M.D./Jonathan Movson, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

50,000 COMM \$1.00 PAR VALUE

Vice President Name

Barbara Schepps, M.D. & Mark Ridlen, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

Treasurer Name

William Mayo-Smith, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

Director Name

Richard Noto, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

Director Name

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

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

41,745

common

\$1 par value

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:

3-7-02

Check No.:

11653

By:

Kmc

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

Date

Richard Noto, M.D.

Print or Type Name of Officer

President

Title of Officer

5

Form 630 12/01

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





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **17852** 2. Name of Corporation **Rhode Island Medical Imaging, Inc.**

3. Street Address Principal Business Office **20 Catamore Boulevard** City **E. Providence** State **RI** Zip **02914**

4. Business Phone No. **432-2520** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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) X FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <b>Barbara Schepps, M.D.</b>	Vice President Name <b>Mark Ridlen, M.D.</b>
Street Address <b>20 Catamore Boulevard</b>	Street Address <b>20 Catamore Boulevard</b>
City <b>E. Providence</b> State <b>RI</b> Zip <b>02914</b>	City <b>E. Providence</b> State <b>RI</b> Zip <b>02914</b>
Secretary Name <b>William Mayo-Smith, M.D.</b>	Treasurer Name <b>Richard Noto, M.D.</b>
Street Address <b>20 Catamore Boulevard</b>	Street Address <b>20 Catamore Boulevard</b>
City <b>E. Providence</b> State <b>RI</b> Zip <b>02914</b>	City <b>E. Providence</b> State <b>RI</b> Zip <b>02914</b>

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

Director Name <b>Barbara Schepps, M.D.</b>	Director Name <b>Richard Noto, M.D.</b>
Street Address <b>20 Catamore Boulevard</b>	Street Address <b>20 Catamore Boulevard</b>
City <b>E. Providence</b> State <b>RI</b> Zip <b>02914</b>	City <b>E. Providence</b> State <b>RI</b> Zip <b>02914</b>
Director Name <b>Mark Ridlen, M.D./Gerald Abbott, M.D.</b>	Director Name <b>William Mayo-Smith, M.D./John Cronan, M.D.</b>
Street Address <b>20 Catamore Boulevard</b>	Street Address <b>20 Catamore Boulevard</b>
City <b>E. Providence</b> State <b>RI</b> Zip <b>02914</b>	City <b>E. Providence</b> State <b>RI</b> Zip <b>02914</b>

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>50,000 SHS COMM</b>	<b>\$1.00 PAR</b>	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>35,420</b>	<b>Common</b>	<b>\$1.00</b>

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: 2/26

Check No.: 7811

By: [Signature]

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] 2/21/01  
Signature of Officer Date

**Barbara Schepps, M.D.**

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 17852 2. Name of Corporation  
Rhode Island Medical Imaging, Inc.

3. Street Address Principal Business Office  
20 Catamore Boulevard

City State Zip  
E. Providence RI 02914

4. Business Phone No.  
432-2520

5. State of Incorporation  
RHODE ISLAND

6. SIC Code  
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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Barbara Schepps, M.D.

Street Address

20 Catamore Boulevard

City State Zip  
E. Providence RI 02914

Secretary Name

Arthur Noel, M.D.

Street Address

20 Catamore Boulevard

City State Zip  
E. Providence RI 02914

Vice President Name

Mark Ridlen, M.D.

Street Address

20 Catamore Boulevard

City State Zip  
E. Providence RI 02914

Treasurer Name

Richard Noto, M.D.

Street Address

20 Catamore Boulevard

City State Zip  
E. Providence RI 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 State Zip  
E. Providence RI 02914

Director Name

Mark Ridlen, M.D.

Street Address

20 Catamore Boulevard

City State Zip  
E. Providence RI 02914

Director Name

Richard Noto, M.D./Arthur Noel, M.D.

Street Address

20 Catamore Boulevard

City State Zip  
E. Providence RI 02914

Director Name

Jeffrey Rogg, M.D./John Cronan, M.D.

Street Address

20 Catamore Boulevard

City State Zip  
E. Providence RI 02914

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

50,000 SHS COMM \$1.00 PAR

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value  
31,625 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: 2/15/00

Check No.: 4081

By: DJM

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, M.D. 2/2/00  
Signature of Officer Date

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



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

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 \_\_\_\_\_

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

State

Zip

20 Catamore Boulevard

E. Providence

RI

02914

4. Business Phone No.

5. State of Incorporation

6. SIC Code

432-2520

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) X

President Name

Barbara Schepps, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

Secretary Name

Arthur Noel, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Barbara Schepps, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

Director Name

Mark Ridlen, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

50,000 SHS COM \$1.00 PAR

Vice President Name

Mark Ridlen, M.D. and Jeffrey Rogg, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

Treasurer Name

Richard Noto, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

Director Name

Richard Noto, M.D. and Arthur Noel, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

Director Name

Jeffrey Rogg, M.D. and John Cronan, M.D.

Street Address

20 Catamore Boulevard

City

State

Zip

E. Providence

RI

02914

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

26,565

Common

\$1.00

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

File Date: 12/25/99

Check No.: 11734

By: [Signature]

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] 2/18/00  
Signature of Officer Date

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



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998**

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

227 Angell Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

331-1110

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) X

President Name

Barbara Schepps, M.D. & Allan Deutsch, M.D.

Vice President Name

Mark Ridlen, M.D.

Street Address

227 Angell Street

Street Address

227 Angell Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Arthur Noel, M.D.

Treasurer Name

Richard Noto, M.D.

Street Address

227 Angell Street

Street Address

227 Angell Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Barbara Schepps, M.D. & Allan Deutsch, M.D.

Director Name

Richard Noto, M.D. & Arthur Noel, M.D.

Street Address

227 Angell Street

Street Address

227 Angell Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Director Name

Mark Ridlen, M.D.

Director Name

Michael Ryvicker, M.D.

Street Address

227 Angell Street

Street Address

227 Angell Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

50,000 SHS COMM \$1.00 PAR

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

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:

Check No.:

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 statements contained herein are true and correct.

Signature of Officer

Date

Barbara Schepps, M.D.

Print or Type Name of Officer

President

Title of Officer

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



**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. **17852** 2. Name of Corporation **Rhode Island Medical Imaging, Inc.**  
3. Street Address Principal Business Office **227 Angell Street** City **Providence** State **RI** Zip **02906**  
4. Business Phone No. **331-1110** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 <b>BARBARA SCHEPPS, M.D.</b> Street Address <b>227 Angell Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b> Secretary Name <b>JEFFREY ROGG, M.D.</b> Street Address <b>227 Angell Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	Vice President Name <b>PATRICIA SPENCER, M.D.</b> Street Address <b>227 Angell Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b> Treasurer Name <b>RICHARD NOTO, M.D.</b> Street Address <b>227 Angell Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>
---	---

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name <b>BARBARA SCHEPPS, M.D.</b> Street Address <b>227 Angell Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	Director Name <b>RICHARD NOTO, M.D.</b> Street Address <b>227 Angell Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>
Director Name <b>JEFFREY ROGG, M.D. &amp; PATRICIA SPENCER, M.D.</b> Street Address <b>227 Angell Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>	Director Name <b>MARK RIDLEN, M.D.</b> Street Address <b>227 Angell Street</b> City <b>Providence</b> State <b>RI</b> Zip <b>02906</b>

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

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>50,000 SHS COMM</b>	<b>\$1.00 PAR</b>		<b>21,505</b>	<b>COMMON</b>	<b>\$1.00</b>

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



File Date: **2-10-97**  
Check No.: **3828**  
By: **ICP**

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** Date **2/6/97**  
**BARBARA SCHEPPS, M.D.**  
Print or Type Name of Officer  
**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

# PHOTO CORPORATION ANNUAL REPORT

## 1996

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



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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 0017852		2. NAME OF CORPORATION Rhode Island Medical Imaging, Inc.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 227 Angell Street		CITY Providence	STATE RI
4. BUSINESS PHONE NO. 331-1110		5. STATE OF INCORPORATION Rhode Island	ZIP CODE 02906
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Professional Medical Practice			

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME Barbara Schepps, M.D.		VICE PRESIDENT NAME Patricia Spencer, M.D.	
STREET ADDRESS 227 Angell Street		STREET ADDRESS 227 Angell Street	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	
SECRETARY NAME Jeffrey Rogg, M.D. (See attached Rider)		TREASURER NAME Richard Noto, M.D.	
STREET ADDRESS 227 Angell Street		STREET ADDRESS 227 Angell Street	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Barbara Schepps, M.D.		DIRECTOR NAME Richard Noto, M.D.	
STREET ADDRESS 227 Angell Street		STREET ADDRESS 227 Angell Street	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	
DIRECTOR NAME Jeffrey Rogg, M.D.		DIRECTOR NAME Mark Ridlen, M.D.	
STREET ADDRESS 227 Angell Street		STREET ADDRESS 227 Angell Street	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
50,000	COMMON	\$1.00	22,770	COMMON	\$1.00

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.

*Barbara Schepps MD*  
Signature of Officer

BARBARA SCHEPPS, M.D.

Print or Type Name of Officer

President

August 16, 1996

Title of Officer

Date

File Date:

8/21/96

Check No:

11317

By:

*u*

For Secretary of State Use Only

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.**

0017852

1995

Corporate ID: \_\_\_\_\_ Annual Report for the year: \_\_\_\_\_

Rhode Island Medical Imaging, Inc.

Name of Corporation: \_\_\_\_\_

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☐ Business Corporation (See RIGL Chapter 7-1.1)

☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( ) \_\_\_\_\_

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

227 Angell Street

Providence, RI 02906

Phone: (401) 331-1110

Brief statement of the character of business conducted in Rhode Island:

Provides X-Ray services to R.I. Hospital, Women & Infants Hospital, the bro and at seven offices within Rhode Island

**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

VICE PRESIDENT SEE LIST ATTACHED STREET ADDRESS CITY/STATE ZIP CODE

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

**THE NAMES OF THE DIRECTORS ARE:**

NAME SEE LIST ATTACHED STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares Class / Series

50,000 Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares Class / Series

20,240 Common

Date 1/10, 19 95

By: Barbara Schepps MD

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

Form 31 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

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

**FILED**

FEB 6 1995

By: [Signature]  
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
Richard Frates, MD.,	Assistant Secretary
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
Francis Scola, MD.,	Vice President
Patricia Spencer, MD.,	Secretary
Glenn Tung, MD.,	Assistant Secretary
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

Form 900-SS-1120  
Payable to  
Secretary of State

PLEASE TYPE or PRINT *CH# 0226673334* File Annually  
State of Rhode Island and Providence Plantations *#500* LLC: Sept. 1 - Nov. 1  
Office of The Secretary of State CORP: Jan. 1 - March 1  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

Corporate ID 0017852 Annual Report for the year 1994

Name of Business Entity R.I. MEDICAL IMAGING, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number \_\_\_\_\_

For foreign entity, address and telephone number of principal office \_\_\_\_\_

Phone: \_\_\_\_\_

Address, including phone, of the principal office of business entity in Rhode Island; provide street address, No. P.O. Box \_\_\_\_\_

227 Angell Street

Providence, RI 02906

Phone: 401-331-1110

Business Entity is (check one)

☒ Business Corporation (See RIGL Chapter 7-1.1)

☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

John G. Earle, Esquire

222 Jefferson Boulevard

Warwick, RI 02888

Brief statement of the character of business conducted in Rhode Island:

Professional Medical Practice

Date of Organization 12/27/68

Date of Qualification to do business in Rhode Island (if foreign entity) \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

☐ PRESIDENT ☒ PRESIDENT Barbara Schepps, 227 Angell Street, Providence, RI 02906 CITY/STATE ZIP CODE

☐ SECRETARY ☒ SECRETARY Jeffrey M. Rogg, M.D., 227 Angell Street, Providence, RI 02906 CITY/STATE ZIP CODE

☐ TREASURER ☒ TREASURER Patricia K. Spencer, M.D., 227 Angell Street, Providence, RI 02906 (See attached) CITY/STATE ZIP CODE

☐ ASSISTANT TREASURER ☒ ASSISTANT TREASURER Richard B. Noto, M.D., 227 Angell Street, Providence, RI 02906 CITY/STATE ZIP CODE

☐ DIRECTOR ☒ DIRECTOR Francis H. Scola, M.D., 227 Angell Street, Providence, RI 02906 - Assistant Treasurer CITY/STATE ZIP CODE

THE NAMES OF THE DIRECTORS ARE:

Richard B. Noto, M.D., 227 Angell Street, Providence, RI 02906 CITY/STATE ZIP CODE

Jeffrey M. Rogg, M.D., 227 Angell Street, Providence, RI 02906 CITY/STATE ZIP CODE

Barbara Schepps, M.D., 227 Angell Street, Providence, RI 02906 (See attached) CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable) \_\_\_\_\_ NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable) \_\_\_\_\_

NUMBER 50,000 NUMBER 17,710

CLASS Common CLASS Common

SERIES \_\_\_\_\_ SERIES \_\_\_\_\_

PAR VALUE OR WITHOUT PAR \$1.00 Par Value PAR VALUE OR WITHOUT PAR \$1.00 Par Value

FILED February 24, 1994 BY Barbara Schepps, M.D.

Barbara Schepps, M.D.

PRESIDENT NAME OF OFFICER SIGNING

President

IF TYPE OF OFFICER SIGNING

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC-A must be filed.

Corporate ID 0017852

Annual Report 1994

ADDENDUM

R.I. MEDICAL IMAGING, INC.

Director

Address

Patricia K. Spencer, M.D.	227 Angell Street, Providence, RI
Francis H. Scola, M.D.	227 Angell Street, Providence, RI

Assistant Secretaries

Address

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.	"	"



Filing Fee \$50.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017852 Annual Report for the year 1993

FIRST: The name of the corporation is R.I. MEDICAL IMAGING, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Professional medical practice

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 227 Angell Street  
Providence, RI 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Daniel J. Hanson, M.D.		227 Angell Street, Providence, RI 02906
Richard B. Noto, M.D.	Director	" "
Jeffrey M. Rogg, M.D.	Director	" "
Barbara Schepps, M.D.		" "
Francis H. Scola, M.D.	Director	" "
Barbara Schepps, M.D.	President	" "
Daniel J. Hanson, M.D.	Vice President	" "
Jeffrey M. Rogg, M.D.	Secretary	" "
(SEE ADDENDUM) Assistant Secretaries		" "
Richard B. Noto, M.D.	Treasurer	" "
Francis H. Scola, M.D.	Assistant Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50,000	common		\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
20,240	common		\$1.00 par value

Dated February 19 93

R.I. MEDICAL IMAGING, INC.

(Name of Corporation)

By Barbara Schepps M.D.

Title Barbara Schepps, M.D., President

(Report must be signed by an officer)

Corporate ID 0017852

Annual Report 1993

ADDENDUM

R.I. MEDICAL IMAGING, INC.

Assistant Secretaries	Address	
John J. Cronan, M.D.	227 Angell Street,	Providence, RI
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.	"	"
Louis R. Maiello, M.D.	"	"
Alfred C. Moon, M.D.	"	"
John J. O'Brien, M.D.	"	"
Patricia K. Spencer, M.D.	"	"
Michael T. Wallach, M.D.	"	"

174149B  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017852

Annual Report for the year 1992

FIRST: The name of the corporation is R.I. MEDICAL IMAGING, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Diagnostic Radiology

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

227 Angell Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Barbara Schepps, M.D.	Director	227 Angell Street, Providence, Rhode Island
John Cronan, M.D.		" " " "
Richard Noto, M.D.	Director	" " " "
Landy Paoletta, M.D.		" " " "
Richard Haas, M.D.	Director	" " " "
Daniel Hanson, M.D.		" " " "
Barbara Schepps, M.D.	President	227 Angell Street, Providence, Rhode Island
Daniel Hanson, M.D.	Vice President	227 Angell Street, Providence, Rhode Island
Jeffrey Rogg, M.D.	Secretary	227 Angell Street, Providence, Rhode Island
Richard Noto, M.D.	Treasurer	227 Angell Street, Providence, Rhode Island

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
15,000	preferred		\$100.00 per share
20,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
4,200	preferred		\$100.00 per share
12,800	common		no par value

Dated December 19 92

R.I. MEDICAL IMAGING, INC.  
(Name of Corporation)

By Barbara Schepps, M.D., President

Title Barbara Schepps MD

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

SS

Corporate ID 0017852 Annual Report for the year 1991

FIRST: The name of the corporation is R. I. MEDICAL IMAGING, INC.

SECOND: It is incorporated under the laws of

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

President

Vice President

Secretary

Treasurer

227 Angell St. Providence, RI 02906

227 Angell St. Providence, RI 02906

227 Angell St. Providence, RI 02906

227 Angell St. Providence, RI 02906

227 Angell St. Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

PAID

FEB - 4 1991

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

REC'D OF STATE

Dated January 23, 1991

R. I. Medical Imaging

(Name of Corporation)

By

Title

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0017852 Annual Report for the year 1990

FIRST: The name of the corporation is R.I. MEDICAL IMAGING, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Diagnostic Radiology

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island

227 Angell Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Barbara Schepps, M.D. President 227 Angell St., Providence, RI 02906

S. Y. Lee, M.D. Vice President 227 Angell St., Providence, RI 02906

Alfred Moon, M.D. Secretary 227 Angell St., Providence, RI 02906

John Cronan, M.D. Treasurer 227 Angell St., Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

20,000

common

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Par Value  
or statement that  
shares are without  
par value

10,800

common

no par value

Dated February 2 19 90

R.I. MEDICAL IMAGING, INC.

(Name of Corporation)

By

*Barbara Schepps M.D.*

Title

Barbara Schepps, M.D., President

(Report must be signed by an officer)

Filing Fee \$15.00

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

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

*in*

Corporate ID 17852

Annual Report for the year 1987

FIRST: The name of the corporation is KILL MEDICAL IMAGING, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

All address are

Director

227 Angell St. Providence, RI 02906

John J. Cronan

Director

Daniel J. Hanson

President

Francis H. Scola

Vice President

Barbara Schepps

Secretary

Stephan I. Frater

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

PAID

APR 19 1988

SECY. OF STATE

Dated 19

(Name of Corporation)

By

Title

(Report must be signed by an officer)

# 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 is R.I. MEDICAL IMAGING, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of radiology

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island

222 Jefferson Blvd., Warwick, RI 02888

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Daniel J. Hanson, M.D. President

227 Angell Street Providence, RI 02906

Francis H. Scola, M.D. Vice President

227 Angell Street Providence, RI 02906

Barbara Schepps, M.D. Secretary

227 Angell Street Providence, RI 02906

Stephan I. Frater, M.D. Treasurer

227 Angell Street Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares 20000

Class

Series

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares 9787.5

Class

Series

Par Value  
or statement that  
shares are without  
par value

Dated July 20, 19 88

R.I. MEDICAL IMAGING, INC.

(Name of Corporation)

By

*Barbara Schepps MD*

Title Secretary

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

January 1st and March 1st

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 17852

Annual Report for the year 1988

FIRST: The name of the corporation is R.I. MEDICAL IMAGING, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of radiology

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island

222 Jefferson Blvd., Warwick, RI 02888

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Daniel J. Hanson, M.D. President

227 Angell Street Providence, RI 02906

Francis H. Scola, M.D. Vice President

227 Angell Street Providence, RI 02906

Barbara Schepps, M.D. Secretary

227 Angell Street Providence, RI 02906

Stephan I. Frater, M.D. Treasurer

227 Angell Street Providence, RI 02906

SEVENTH: Number of Shares authorized:

No. of Shares 20000

Class

Par Value  
or statement that  
shares are without  
par value

EIGHTH: Number of Shares issued:

No. of Shares 9787.5

Class

Par Value  
or statement that  
shares are without  
par value

PAID  
JUL 21 1988  
SECY OF STATE  
Series

Dated July 20, 1988

R.I. MEDICAL IMAGING, INC.

(Name of Corporation)

By Barbara Schepps MD

Title Secretary

(Report must be signed by an officer)



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**

Corporate ID 17852

Annual Report for the year 1987

FIRST: The name of the corporation is R.I. MEDICAL IMAGING, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of radiology

FOURTH: If foreign corporation, address of its principal office

n/a

FIFTH: Business address in Rhode Island

10 Jefferson Blvd., Warwick, RI 02888

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Daniel J. Hanson, M.D.	President	227 Angell St., Providence, RI
	Vice President	
Barbara Schepps, M.D.	Secretary	227 Angell St., Providence, RI
Stephan I. Frater, M.D.	Treasurer	227 Angell St., Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
8,000	common	PAID

Par Value  
or statement that  
shares are without  
par value  
no par value

SECRETARY OF STATE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series
7,341	common	

Par Value  
or statement that  
shares are without  
par value  
no par value

Dated: January 30 1987

R.I. MEDICAL IMAGING, INC.

(Name of Corporation)

By

*Barbara Schepps M.D.*

Title

Barbara Schepps, M.D., Secretary

(Report must be signed by an officer)

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 MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....17852..... Annual Report for the year.....1986.....

FIRST: The name of the corporation is.....RAY MEDICAL SERVICES, INC.....

*mc R.I. Medical Imaging*

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....practice of radiology.....

FOURTH: If foreign corporation, address of its principal office.....

.....N/A.....

FIFTH: Business address in Rhode Island.....

.....10 Jefferson Blvd., Warwick, RI 02888.....

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

Daniel J. Hanson, M.D. President

227 Angell St., Providence, RI

Vice President

Barbara Schepps, M.D. Secretary

227 Angell St., Providence, RI

Stephan I. Frater, M.D. Treasurer

227 Angell St., Providence, RI

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

8,000

common

no par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

7,341

common

no par value

Dated January 22 19 86

RAY MEDICAL SERVICES, INC.

(Name of Corporation)

By *Barbara Schepps M.D.*Title *Secretary*

FEB 19 1986

(Report must be signed by an officer)

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

17852

Annual Report for the year 1985

FIRST: The name of the corporation is RAY MEDICAL SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is practice of radiology

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

10 Jefferson Blvd., Warwick, RI 02888

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Daniel J. Hanson, M.D.	President	227 Angell St. Providence, RI
	Vice President	
Barbara Schepps, M.D.	Secretary	227 Angell St., Providence, RI
Stephan L. Exater, M.D.	Treasurer	227 Angell St., Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
8,000	common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
7341	common		no par value

Dated: March 20 19 85

RAY MEDICAL SERVICES, INC.

(Name of Corporation)

By Barbara Schepps, M.D.

Barbara Schepps, M.D.

Title Secretary

(Report must be signed by an officer)

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 MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....17852.....

Annual Report for the year.....1985.....

FIRST: The name of the corporation is.....RAY MEDICAL SERVICES, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....Diagnostic imaging services.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....227 Angell Street.....

.....Providence, Rhode Island 02903.....

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

.....John J. O'Brien, M.D. ....

.....Director .....

.....227 Angell Street, Providence, R.I. 02903.....

.....Director .....

.....Director .....

.....Daniel J. Hanson, M.D. ....

.....President -  
Director .....

.....227 Angell Street, Providence, R.I. 02903.....

.....Richard E. Frates, M.D. ....

.....Vice President -  
Director .....

.....227 Angell Street, Providence, R.I. 02903.....

.....Barbara Schepps, M.D. ....

.....Secretary  
Director .....

.....227 Angell Street, Providence, R.I. 02903.....

.....Stephan I. Frater, M.D. ....

.....Treasurer -  
Director .....

.....227 Angell Street, Providence, R.I. 02903.....

SEVENTH: Number of Shares authorized:

No. of Shares

10,000

Class

Series

Par Value  
or statement that  
shares are without  
par value

no par  
value

EIGHTH: Number of Shares issued:

No. of Shares

6,501

Class

Series

Par Value  
or statement that  
shares are without  
par value

no par  
value

Dated.....February 26, 1985.....19.....

.....Ray Medical Services, Inc. ....

(Name of Corporation)

**RECEIVED**

By.....

.....President.....

Title.....

(Report must be signed by an officer)

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 for the year 1984

FIRST: The name of the corporation is

RAY MEDICAL SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is professional medical corporation  
specializing in radiological services.

FOURTH: If foreign corporation, address of its principal office  
N/A

FIFTH: Business address in Rhode Island

10 Jefferson Blvd., Warwick, Rhode Island 02888

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Daniel Hanson, M.D.	Director	277 Angell Street, Providence, RI
Alfred Moon, M.D.		277 Angell Street, Providence, Rhode Island
Stephan Frater, M.D.	Director	277 Angell Street, Providence, RI
Francis Scola, M.D.		277 Angell Street, Providence, RI
Barbara Shepps, M.D.	Director	277 Angell Street, Providence, RI
Daniel J. Hanson, M.D.	President	227 Angell Street, Providence, RI
Alfred Moon, M.D.	Vice President	227 Angell Street, Providence, RI
Francis Scola, M.D.	Secretary	227 Angell Street, Providence, RI
Barbara Shepps, M.D.	Ass't Treasurer	227 Angell Street, Providence, RI
Stephan Frater, M.D.	Treasurer	227 Angell Street, Providence, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	common	0	no par value

Dated: January 25 19 84

RAY MEDICAL SERVICES, INC.

(Name of Corporation)

By Francis Scola, M.D.

Title Secretary

(Report must be signed by an officer)

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

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 for the year 1983

FIRST: The name of the corporation is Ray Medical Services, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Medical Office

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 227 Angell St. Providence, R. I. 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
Barbara Schepps, M. D.	Director	70 Dryden Ave. Pawtucket, RI 02860
Daniel J. Hanson, M. D.	President	116 Nayatt Rd. Barrington, RI 02806
Alfred C. Moon, M. D.	Vice President	10 Briarwood Rd. Lincoln, RI 02864
Francis H. Scola, M. D.	Secretary	39 Matthewson Rd. Barrington, RI 02806
Stephan I. Frater, M. D.	Treasurer	227 Angell St. Providence, RI 02906

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600			0

EIGHTH: Number of Shares issued: 200

No. of Shares	Class	Series	Par Value or statement that shares are without par value
---------------	-------	--------	---

Dated: February 9, 1983

Ray Medical Services, Inc.

(Name of Corporation)

Treasurer

(Report must be signed by an officer)

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

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 for the year 1982

FIRST: The name of the corporation is

RAY MEDICAL SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is x-ray services.

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 10 Jefferson Boulevard, Warwick, Rhode Island 02888

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Daniel J. Hanson	Director	227 Angell Street, Providence, R. I.
Barbara Schepps		" " "
Theresa Lee	Director	" " "
Francis H. Scola		" " "
Stephan I. Frater	Director	" " "
Daniel J. Hanson	President	" " "
Theresa Lee	Vice President	" " "
Francis H. Scola	Secretary	" " "
Barbara Schepps	Assistant Treas.	" " "
Stephan I. Frater	Treasurer	" " "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		no par value

Dated: March 1, 19 82

RAY MEDICAL SERVICES, INC. APR 21 1982

(Name of Corporation)

By Francis H. Scola  
Title Secretary

(Report must be signed by an officer)

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

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 1981

RAY MEDICAL SERVICES, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is RAY MEDICAL SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

227 Angell Street, Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is

Daniel J. Hanson, M. D.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is not applicable

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is x-ray services.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Daniel J. Hanson	Director	227 Angell Street, Providence, R. I.
Theresa Lee	Director	227 Angell Street, Providence, R. I.
Francis H. Scola	Director	227 Angell Street, Providence, R. I.
Stephan I. Frater	Director	227 Angell Street, Providence, R. I.
Barbara Schepps	Director	227 Angell Street, Providence, R. I.
	Director	
Daniel J. Hanson	President	same as above
Theresa Lee	Vice President	" "
Francis H. Scola	Secretary	" "
Stephan I. Frater	Treasurer	" "
Barbara Schepps	Ass't Treasurer	" "

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, 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		no par value

.....1500  
3248A14.....1500C8L

OK  
APR 28 1981



EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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

Dated February , 1981

RAY MEDICAL SERVICES, INC.

(NAME OF CORPORATION)

By

Francis H. Scola

Its 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

### ANNUAL REPORT

OF 1980

RAY MEDICAL SERVICES, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is RAY MEDICAL SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
227 Angell Street, Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is  
Joseph Lambiase, M. D.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is not applicable

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is x-ray services.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
Daniel J. Hanson	Director	227 Angell Street, Providence, R. I.
Theresa Lee	Director	227 Angell Street, Providence, R. I.
Francis H. Scola	Director	227 Angell Street, Providence, R. I.
Stephan Frater	Director	227 Angell Street, Providence, R. I.
Barbara Schepps	Director	227 Angell Street, Providence, R. I.
	Director	
Daniel J. Hanson	President	same as above
Theresa Lee	Vice President	same as above
Francis H. Scola	Secretary	same as above
Stephan Frater	Treasurer	same as above
Barbara Schepps	Assistant Treasurer	same as above

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, 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	8	No Par Value

AUG 20 1980

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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

Dated August 12, , 19 80

RAY MEDICAL SERVICES, INC.

(NAME OF CORPORATION)

By

Francis H. Scola

Its 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**

**ANNUAL REPORT**  
**OF**

**Ray Medical Services, Inc.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is **Ray Medical Services, Inc.**

SECOND: It is incorporated under the laws of **Rhode Island**

THIRD: The address of its registered office in Rhode Island is **227 Angell Street, Providence, Rhode Island**

and the name of its registered agent in Rhode Island at such address is **Daniel J. Hanson, M. D.**  
and **Stephan I. Frater, M. D.**

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is **Medical Services**

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Daniel J. Hanson, M. D.	President	227 Angell St. Providence, R. I.
S. Y. Lee, M. D.	Vice President	227 Angell St. Providence, R. I.
Francis H. Scola, M. D.	Secretary	227 Angell St. Providence, R. I.
Stephan I. Frater, M. D.	Treasurer	227 Angell St. Providence, R. I.
John J. O'Brien, M. D. Asst.		227 Angell St. Providence, R. I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
800	10		

-0-

OCT 18 1979

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
300			0

Dated October 15, 1979

Ray Medical Services, Inc.

(NAME OF CORPORATION)

By

*Stephen J. [Signature]*

Its Treasurer

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 1978

RAY MEDICAL SERVICES, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is

RAY MEDICAL SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is

227 Angell Street, Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is

Joseph Lambiase, M.D.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is not applicable

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is X-ray services.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
DANIEL J. HANSON	Director	227 Angell Street, Providence, RI
DANIEL J. ALVES	Director	227 Angell Street, Providence, RI
JOHN J. O'BRIEN	Director	227 Angell Street, Providence, RI
ALFRED C. MOON	Director	227 Angell Street, Providence, RI
LOUIS MAIELLO	Director	227 Angell Street, Providence, RI
	Director	
DANIEL J. HANSON	President	227 Angell Street, Providence, RI
DANIEL J. ALVES	Vice President	227 Angell Street, Providence, RI
RICHARD E. FRATES	Secretary	227 Angell Street, Providence, RI
JOHN J. O'BRIEN	Treasurer	227 Angell Street, Providence, RI
ALFRED C. MOON	ASST. TREASURER	227 Angell Street, Providence, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	9 Series	Par Value per Share or Statement that Shares are without Par Value
600	COMMON	78 ..	NO PAR VALUE

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SEP 25 1978

*JK*

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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

Dated August 31, 1978

RAY MEDICAL SERVICES, INC.

(NAME OF CORPORATION)

By *Richard E Frates MD*  
Richard E. Frates, M.D.  
Its Secretary

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

OFFICE OF THE SECRETARY OF STATE

OF 1977

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

RAY MEDICAL SERVICES, INC.

RHODE ISLAND

227 ANGELL STREET, PROVIDENCE, RHODE ISLAND

JOSEPH LAMBIASE, M.D.

NOT APPLICABLE

X-RAY SERVICES

Name \_\_\_\_\_

Office

**Address**

Director

Director

Director

Director

Director

Director

President

### Vice President

Secretary

**Treasurer**

ASST. TREASURER .

**SEVENTH:** The aggregate number of shares which it has authority to issue, itemized classes, par value of shares, shares without par value, and series, if any, within a class, is:

Clasa

Series

Par Value per Share  
or Statement that  
Shares are without  
Par Value

COMMON

WITHOUT PAR VALUE

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JUL 1 1977



EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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

Dated February 28 , 1977

RAY MEDICAL SERVICES, INC.

(NAME OF CORPORATION)

By

*Louis W. ...*  
Its Secretary

Filing fee: \$15.00

1976

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 SERVICES, INC.**

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is  
RAY MEDICAL SERVICES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is  
227 ANGELL STREET, PROVIDENCE, RI  
and the name of its registered agent in Rhode Island at such address is  
JOSEPH LAMBIASE M.D.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is Not applicable

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is X-RAY SERVICES.

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
DANIEL J. HANSON	Director	227 Angell Street, Providence, RI
DANIEL J. ALVES	Director	" " " " "
JOHN J. O'BRIEN	Director	" " " " "
ALFRED C. MOON	Director	" " " " "
LOUIS MAIELLO	Director	" " " " "
	Director	
DANIEL J. HANSON	President	Same as above
DANIEL J. ALVES	Vice President	Same as above
LOUIS MAIELLO	Secretary	Same as above
JOHN J. O'BRIEN	Treasurer	Same as above
ALFRED C. MOON	Asst. Treasurer	Same as above

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, 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		WITHOUT PAR VALUE

JAN - 5-7-76  
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15.00

JAN 6 1977  
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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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

Dated DECEMBER 28, 1976

RAY MEDICAL SERVICES, INC.

(NAME OF CORPORATION)

By Seamus Maville M.D.  
Its Sec.

Filing fee: \$15.00

1975  
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 SERVICES, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is

RAY MEDICAL SERVICES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is

10 JEFFERSON BOULEVARD, WARWICK, RHODE ISLAND 02888

and the name of its registered agent in Rhode Island at such address is

DAVID F. SWEENEY, ESQUIRE

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is X-RAY SERVICES

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
JOSEPH LAMBIASE	Director	227 ANGELL STREET, PROVIDENCE, RHODE ISLAND
JOHN O'BRIEN	Director	SAME AS ABOVE
FRANCIS H. SCOLA	Director	SAME AS ABOVE
JOHN TOMEI	Director	SAME AS ABOVE
DANIEL ALVES	Director	SAME AS ABOVE
	Director	
JOSEPH LAMBIASE	President	SAME AS ABOVE
JOHN TOMEI	Vice President	SAME AS ABOVE
JOHN TOMEI	ASST. SECRETARY	SAME AS ABOVE
DANIEL ALVES	Secretary	SAME AS ABOVE
FRANCIS H. SCOLA	Treasurer	SAME AS ABOVE
JOHN O'BRIEN	ASST. TREASURER	SAME AS ABOVE

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, 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		NO PAR VALUE

FEB 16 1975

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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

Dated JANUARY , 19 75

RAY MEDICAL SERVICES, INC.

(NAME OF CORPORATION)

By

DANIEL J. ALVES

Its *Secretary*  
SECRETARY

PR 23-75 SEC. OF STATE 7988 48\*\*\*\*\*15.00

1974

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 SERVICES, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is RAY MEDICAL SERVICES, INC.

RHODE ISLAND

SECOND: It is incorporated under the laws of

THIRD: The address of its registered office in Rhode Island is

227 ANGELL STREET, PROVIDENCE, RHODE ISLAND

and the name of its registered agent in Rhode Island at such address is

JOSEPH J. LAMBIASE

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is X-RAY SERVICES

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
JOSEPH J. LAMBIASE	Director	227 ANGELL STREET, PROVIDENCE, R.I.
STEVEN I. FRATER	Director	SAME AS ABOVE
DANIEL J. HANSON	Director	SAME AS ABOVE
FRANCIS H. SCOLA	Director	SAME AS ABOVE
ALFRED C. MOON	Director	SAME AS ABOVE
	Director	
JOSEPH J. LAMBIASE	President	SAME AS ABOVE
STEVEN FRATER	Vice President	SAME AS ABOVE
ALFRED C. MOON	Secretary	SAME AS ABOVE
DANIEL J. HANSON	Treasurer	SAME AS ABOVE
FRANCIS H. SCOLA	VICE TREASURER	SAME AS ABOVE

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, 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		NO PAR

FEB 22 1974

M.L.

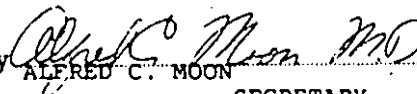
EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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

Dated JANUARY 29, 19 74

RAY MEDICAL SERVICES, INC.

(NAME OF CORPORATION)

By   
ALFRED C. MOON  
Its SECRETARY

APR 27-74 SEC-OF-STATE 830 AS\*\*\*15.00

Filing fee: \$15.00

1974  
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 REALTY CORPORATION

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is RAY REALTY CORPORATION

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is

227 ANGELL STREET

and the name of its registered agent in Rhode Island at such address is

JOSEPH J. LAMBIASE

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is REAL ESTATE INVESTMENT

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
JOSEPH J. LAMBIASE	Director	227 ANGELL ST. PROVIDENCE, R.I.
STEVEN I. FRATER	Director	SAME AS ABOVE
DANIEL J. HANSON	Director	SAME AS ABOVE
FRANCIS H. SCOLA	Director	SAME AS ABOVE
ALFRED C. MOON	Director	SAME AS ABOVE
	Director	
JOSEPH J. LAMBIASE	President	SAME AS ABOVE
STEVEN FRATER	Vice President	SAME AS ABOVE
ALFRED C. MOON	Secretary	SAME AS ABOVE
DANIEL J. HANSON	Treasurer	SAME AS ABOVE
FRANCIS H. SCOLA	VICE-TREASURER	SAME AS ABOVE

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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

FEB 22 1974

M.R.



EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
500	COMMON		NO PAR COMMON

Dated JANUARY 29, 19 74

RAY REALTY CORPORATION  
(NAME OF CORPORATION)

By Alfred C. Moon  
ALFRED C. MOON  
Its SECRETARY

APR 27-74  
SEC-OF-STATE  
831 AR\*\*\*15.00

Filing fee: \$15.00

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

RAY MEDICAL SERVICES, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is RAY MEDICAL SERVICES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is

227 ANGELL STREET

and the name of its registered agent in Rhode Island at such address is

JOSEPH J. LAMBIASE

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is X-RAY SERVICES

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
JOSEPH J. LAMBIASE	Director	227 ANGELL ST. PROVIDENCE, R.I.
STEVEN I. FRATER	Director	227 ANGELL ST. PROVIDENCE, R.I.
DANIEL J. HANSON	Director	227 ANGELL ST. PROVIDENCE, R.I.
FRANCIS H. SCOLA	Director	227 ANGELL ST. PROVIDENCE, R.I.
ALFRED C. MOON	Director	227 ANGELL ST. PROVIDENCE, R.I.
JOSEPH J. LAMBIASE	President	SAME AS ABOVE
STEVEN FRATER	Vice President	SAME AS ABOVE
ALFRED C. MOON	Secretary	SAME AS ABOVE
DANIEL J. HANSON	Treasurer	SAME AS ABOVE
FRANCIS SCOLA	VICE-TREASURER	SAME AS ABOVE

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, 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		NO PAR VALUE

FEB 22 1973

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

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

Dated JANUARY , 19 72

Ray Medical Services, Inc.  
(NAME OF CORPORATION)

By

*Alfred C. Moon*

ALFRED C. MOON  
Its Secretary

FEB 26 73 SEC. OF STATE 936 AD \*\*\*15.00

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 for the year 1983

FIRST: The name of the corporation is

RAY MEDICAL SERVICES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business briefly stated, is professional medical corporation  
specializ services

FOURTH, address of its principal office

FIFTH: de Island (blank reports will be mailed to this  
address) 10 Jefferson Boulevard, Warwick, Rhode Island 02888

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
Daniel J. Hanson	Director	277 Angell Street, Providence, R.I.
Alfred Moon		277 Angell Street, Providence, R.I.
Stephan Frater	Director	277 Angell Street, Providence, R.I.
Francis Scola		277 Angell Street, Providence, R.I.
Barbara Shepps	Director	277 Angell Street, Providence, R.I.
Daniel J. Hanson	President	227 Angell Street, Providence, R.I.
Alfred Moon	Vice President	227 Angell Street, Providence, R.I.
Francis Scola	Secretary	227 Angell Street, Providence, R.I.
Barbara Shepps	Ass't Treasurer	227 Angell Street, Providence, R.I.
Stephan Frater	Treasurer	227 Angell Street, Providence, R.I.

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
600	Common		no par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	Common		no par value

Dated: February 28, 1983 RAY MEDICAL SERVICES, INC.

(Name of Corporation)

By Francis Scola  
Title Secretary

(Report must be signed by an officer)

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