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**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

AUG 13 2003  
BY ICP 2945a

**FICTITIOUS BUSINESS NAME STATEMENT**  
(To Be Filed In Duplicate)

Pursuant to the provisions of Section 7-1.1-7.1, 7-16-9 or 7-13-2 of the General Laws, 1956, as amended, the undersigned business corporation, limited liability company or limited partnership hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

1. The legal name of the applicant business corporation, limited liability company or limited partnership is: Rhode Island Medical Imaging, Inc.
2. The fictitious business name to be used is Rhode Island Vascular Institute
3. The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island
4. The date of incorporation, organization or formation is December 27, 1968
5. If a business corporation, the address of its registered office within Rhode Island is 20 Catamore Boulevard, East Providence, RI 02914
6. If a business corporation, the business in which it is engaged Medical Services  
(Applicant is a Professional Service Corporation)
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: August 12, 2003

Rhode Island Medical Imaging, Inc.  
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature] President  
Signature of Officer for the Corporation Title

or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company

or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership