

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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.		
Street Address Principal Business Office		City	State	Zip
Business Phone No.		5. State of Incorporation RHODE ISLAND		6. SIC Code 9217

Brief Description of the Character of Business Conducted in Rhode Island

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

President Name			Vice President Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

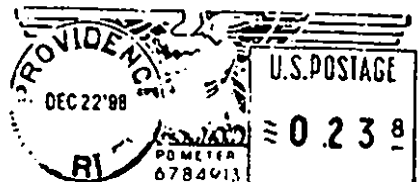
NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		

RHODE ISLAND AND PROVIDENCE PLANTATIONS
Secretary of State**RETURN SERVICE
REQUESTED**

even, Secretary of State

EX12/23FROV RI029

PRESORTED
FIRST CLASS

ustee

BARBARA SCHEPPS, M.D.
227 ANGELL STREET
PROVIDENCE, RI 02906

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