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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2020
Corporation

2020 APR -8 A 10:58 **STAMP**

FOR SECRETARY OF STATE USE ONLY

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 144831		2. Exact name of the Corporation SOUTHEASTERN NEW ENGLAND DIAGNOSTICS SERVICES, INC.			
3. Principal Office Address 1050 WARWICK AVENUE			City WARWICK		State RI
			Zip 02888		
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island MEDICAL SERVICES			
5. State of Incorporation RHODE ISLAND					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name JOHN D LOWNEY			Vice-President Name		
Street Address 41 KING PHILIP CIRCLE			Street Address		
City WARWICK	State RI	Zip 02818	City	State	Zip
Secretary Name JOHN D LOWNEY			Treasurer Name JOHN D LOWNEY		
Street Address 41 KING PHILIP CIRCLE			Street Address 41 KING PHILIP CIRCLE		
City WARWICK	State RI	Zip 02818	City WARWICK	State RI	Zip 02888
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name JOHN D LOWNEY			Director Name		
Street Address 41 KING PHILIP CIRCLE			Street Address		
City WARWICK	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			100		NO PAR
			CLASS/SERIES		
			CNP		
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.					
Name of Authorized Representative JOHN D LOWNEY, PRESIDENT					Date 4/2/20
Signature of Authorized Representative 					

SIGN DOCUMENT HERE **FILED**

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

APR 20 2020
BY **FY42S**
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