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 97276

2. Name of Corporation Open MRI of New England, Inc.

3. Street Address Principal Business Office 525 BROAD STREET
City CUMBERLAND *State* RI *Zip* 02864

4. Business Phone No. 4017256736
5. State of Incorporation RHODE ISLAND
6. SIC Code 9217

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF AND PROVIDE OUTPATIENT MAGNETIC RESONANCE IMAGING SERVICES. A PROFESSIONAL SERVICE CORPORATION.

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

President Name Roman A. Klufas, MD
Street Address 50 Galen Ct.
City Seekonk *State* MA *Zip* 02771

Vice President Name Michael E. Klufas, MD
Street Address 124 Tobie Ave.
City Pawtucket *State* RI *Zip* 02864

Secretary Name
Street Address
City *State* *Zip*

Treasurer Name
Street Address
City *State* *Zip*

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

Director Name Roman A. Klufas, MD
Street Address 50 Galen Ct.
City Seekonk *State* MA *Zip* 02771

Director Name Michael E. Klufas, MD
Street Address 124 Tobie Ave.
City Pawtucket *State* RI *Zip* 02861

Director Name
Street Address
City *State* *Zip*

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000 COMM		$ 01 PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
0		

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

[redacted] 9 7 2 7 6 [redacted]

97276 DBC 02 FILED 08 2012 28 AM
File Date FEB 2 8 2005
Check No. 4841
By KB
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 2-19-05 *Date*
Print or Type Name of Officer ROMAN KLUFAS
Title of Officer President

Form 510 12 01

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 OR PRINTED IN BLACK)

1. Corporate ID No	2. Name of Corporation
97276	Open MRI of New England, Inc.

3. Street Address Principal Business Office	City	State	Zip
525 BROAD ST.	CUMBERLAND	RI	02864

4. Business Phone No	5. State of Incorporation	6. SIC Code
725-6736	RHODE ISLAND	9217

7. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN THE BUSINESS OF AND PROVIDE OUTPATIENT MAGNETIC RESONANCE IMAGING SERVICES. A PROFESSIONAL SERVICE CORPORATION.

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

President Name	Vice President Name
ROMAN A. KLUFAS, MD	MICHAEL E. KLUFAS, MD
Street Address: 50 GALEN CT	Street Address: 124 TOBIE AVE.
City: SEEKONK State: MA Zip: 02771	City: PAWTUCKET State: RI Zip: 02861
Secretary Name: MICHAEL E. KLUFAS, MD	Treasurer Name:
Street Address: 124 TOBIE AVE	Street Address:
City: PAWTUCKET State: RI Zip: 02861	City: State: Zip:

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

Director Name	Director Name
ROMAN A. KLUFAS, MD	MICHAEL E. KLUFAS, MD
Street Address: 50 GALEN CT	Street Address: 124 TOBIE AVE.
City: SEEKONK State: MA Zip: 02771	City: PAWTUCKET State: RI Zip: 02861
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

10. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **11. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
8,000 COMM $.01 PAR VALUE			0		

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

[redacted] [redacted]

97276

File Date 2-10-04

Check No 4536

By: DC

FOR SECRETARY OF STATE USE ONLY

[redacted]

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* 2/9/04

Print or Type Name of Officer

Title of Officer VICE PRESIDENT

Form 630 Rev. 12/03

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 97276
2. Name of Corporation: Open MRI of New England, Inc.
3. Street Address Principal Business Office: 525 BROAD ST. — City: CUMBERLAND — State: RI — Zip: 02864
4. Business Phone No.: 725-6736
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: MR IMAGING FACILITY

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

President Name: ROMAN A. KLUFAS, MD
Street Address: 50 GALEN CT.
City: SEEKONK — State: MA — Zip: 02771

Vice President Name: MICHAEL E. KLUFAS, MD.
Street Address: 124 TOBIE AVE.
City: PAWTUCKET — State: RI — Zip: 02861

Secretary Name: MICHAEL E. KLUFAS, MD
Street Address: 124 TOBIE AVE.
City: PAWTUCKET — State: RI — Zip: 02861

Treasurer Name: NONE
Street Address:
City: — State: — Zip:

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

Director Name: ROMAN A. KLUFAS, MD.
Street Address: 50 GALEN CT.
City: SEEKONK — State: MA — Zip: 02771

Director Name: MICHAEL E. KLUFAS, MD
Street Address: 124 TOBIE AVE.
City: PAWTUCKET — State: RI — Zip: 02861

Director Name:
Street Address:
City: — State: — Zip:

Director Name:
Street Address:
City: — State: — Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	COMM	$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
0		

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

[redacted]

97276

File Date: 1.28.03

Check No.: 4100

By: VP

FOR SECRETARY OF STATE USE ONLY

[redacted]

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: 1/27/03

Print or Type Name of Officer: ROMAN A. KLUFAS, MD

Title of Officer: PRESIDENT

Form 635 12/02

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

STOP
PLEASE READ INSTRUCTIONS

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. 97276

2. Name of Corporation Open MRI of New England, Inc.

3. Street Address Principal Business Office 525 BROAD ST
City CUMBERLAND *State* RI *Zip* 02864

4. Business Phone No 725-6736

5. State of Incorporation RHODE ISLAND

6. SIC Code 9217

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

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

President Name ROMAN A. KLUFAS, MD
Street Address 50 GALEN CT.
City SEEKONK *State* MA *Zip* 02771

Vice President Name JOHN S. TKACH
Street Address 737 PINE ST.
City SEEKONK *State* MA *Zip* 02771

Secretary Name MICHAEL E. KLUFAS, MD
Street Address 124 TOBIE AVE
City PAWTUCKET *State* RI *Zip* 02861

Treasurer Name NONE
Street Address
City *State* *Zip*

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

Director Name ROMAN A. KLUFAS, MD
Street Address 50 GALEN CT.
City SEEKONK *State* MA *Zip* 02771

Director Name JOHN S. TKACH
Street Address 737 PINE ST
City SEEKONK *State* MA *Zip* 02771

Director Name MICHAEL E. KLUFAS, MD
Street Address 124 TOBIE AVE
City PAWTUCKET *State* RI *Zip* 02861

Director Name
Street Address
City *State* *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
8,000 COMM		$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
0		

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

* 9 7 2 7 6 *

File Date 3-1-02

Check No. 3761

By ZM

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 [signature] *Date* 2/7/02

Print or Type Name of Officer JOHN S. TKACH

Title of Officer VICE PRESIDENT & MANAGING PARTNER

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

STOP
PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No: 97276
2. Name of Corporation: Open MRI of New England, Inc.

3. Street Address Principal Business Office: 525 BROAD ST
City: CUMBERLAND State: RI Zip: 02864

4. Business Phone No: 401-725-6736
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217

7. Brief Description of the Character of Business Conducted in Rhode Island: MRI OUTPATIENT FACILITY

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

President Name: ROMAN A. KLUFAS, MD
Street Address: 50 GALEN CT
City: SEEKONK State: MA Zip: 02771

Vice President Name: JOHN S. TKACH
Street Address: 737 PINE ST.
City: SEEKONK State: MA Zip: 02771

Secretary Name: MICHAEL E. KLUFAS, MD
Street Address: 124 TOBIE AVE
City: PAWTUCKET State: RI Zip: 02861

Treasurer Name:
Street Address:
City: State: Zip:

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

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

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

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

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

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	COMM	$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
0		

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

97276

2/12

File Date

3392

Check No.

DC

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 — 2/9/01 Date

JOHN S. TKACH
Print or Type Name of Officer

VICE PRESIDENT, TREASURER
Title of Officer

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
401-222-3040

STOP
PLEASE READ INSTRUCTIONS

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.: 97276
2. Name of Corporation: Open MRI of New England, Inc.
3. Street Address Principal Business Office: 525 BROAD ST — City: CUMBERLAND — State: RI — Zip: 02864
4. Business Phone No.: 401-725-6736
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9217
7. Brief Description of the Character of Business Conducted in Rhode Island: MAGNETIC RESONANCE IMAGING FACILITY

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

President Name: ROMAN A. KLUFAS, MD	Vice President Name: JOHN S. TKACH
Street Address: 50 GALEN CT.	Street Address: 737 PINE ST.
City: SEEKONK State: MA Zip: 02771	City: SEEKONK State: MA Zip: 02771
Secretary Name:	Treasurer Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

Director Name: MICHAEL E. KLUFAS, MD	Director Name:
Street Address: 124 TOBIE AVE.	Street Address:
City: PAWTUCKET State: RI Zip: 02861	City: State: Zip:
Director Name:	Director Name:
Street Address:	Street Address:
City: State: Zip:	City: State: Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	COMM	$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
0		

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

[redacted] *97276*

File Date: 2/9/00

Check No.: 3021

By: [redacted]

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

[redacted] 1/17/2000
Signature of Officer *Date*

JOHN S. TKACH
Print or Type Name of Officer

VICE PRESIDENT, PARTNER, DIRECTOR
Title of Officer

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

STOP
PLEASE READ INSTRUCTIONS

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.: 97276
2. Name of Corporation: OPEN MRI OF NEW ENGLAND, INC.
3. Street Address Principal Business Office: 525 BROAD ST. L2-4 — City: CUMBERLAND — State: RI — Zip: 02864
4. Business Phone No.: 401-725-6736
5. State of Incorporation: RI
6. SIC Code: 9247
7. Brief Description of the Character of Business Conducted in Rhode Island: MRI SERVICES, OPERATING SINCE 8/98

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: ROMAN A. KLUFAS
Street Address: 50 GALEN CT.
City: SEEKONK — *State*: MA — *Zip*: 02771

Vice President Name: SAME
Street Address:
City — *State* — *Zip*

Secretary Name: SAME
Street Address:
City — *State* — *Zip*

Treasurer Name: SAME
Street Address:
City — *State* — *Zip*

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

Director Name: ROMAN A. KLUFAS
Street Address: 50 GALEN CT
City: SEEKONK — *State*: MA — *Zip*: 02771

Director Name: MICHAEL E. KLUFAS
Street Address: 124 TOBIE AVE.
City: PAWTUCKET — *State*: RI — *Zip*: 02861

Director Name: JOHN S. TKACH
Street Address: 737 PINE ST
City: SEEKONK — *State*: MA — *Zip*: 02771

Director Name:
Street Address:
City — *State* — *Zip*

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

AUTHORIZED SHARES

Number of Shares	*Class/Series*	*Par Value*
9000	COMM	$.01 PAR VALUE

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

ISSUED SHARES

Number of Shares	*Class/Series*	*Par Value*
—		

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

[redacted]

File Date: 7-6-99
Check No.: 1763
By: ICD

FOR SECRETARY OF STATE USE ONLY

[redacted]

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*

ROMAN A. KLUFAS
Print or Type Name of Officer

PRESIDENT
Title of Officer

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 1998

Filing Period: January 1–March 1 • Filing Fee: $50.00

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: **97276**

2. Name of Corporation: **Open MRI of New England, Inc.**

3. Street Address Principal Business Office: 525 Broad Street L3-L4 | City: Cumberland | State: RI | Zip: 02864

4. Business Phone No: 401-726-2144

5. State of Incorporation: **RHODE ISLAND**

6. SIC Code: 9217

7. Brief Description of the Character of Business Conducted in Rhode Island: MRI Services, Awaiting State approval

8. NAMES AND ADDRESSES OF THE OFFICERS *("X" BOX FOR ATTACHMENT)*

President Name: ROMAN A. KLUFAS
Street Address: 50 Galen Ct
City: Seekonk | State: MA | Zip: 02771

Vice President Name: SAME
Street Address:
City: | State: | Zip:

Secretary Name: SAME
Street Address:
City: | State: | Zip:

Treasurer Name: SAME
Street Address:
City: | State: | Zip:

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

Director Name: ROMAN A. KLUFAS
Street Address: 50 Galen Ct
City: Seekonk | State: MA | Zip: 02771

Director Name: Michael E. KLUFAS
Street Address: 124 Tobic Ave
City: Pawtucket | State: RI | Zip: 02861

Director Name: John S. Tkach
Street Address: 737 Pine St
City: Seekonk | State: MA | Zip: 02771

Director Name:
Street Address:
City: | State: | Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
8,000	**COMM**	**$.01 PAR VALUE**

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
NONE		

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

* 9 7 2 7 6 *

File Date: 2/26

Check No.: 1021

By: KD

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.

1-15-98
Signature of Officer *Date*

ROMAN A. KLUFAS
Print or Type Name of Officer

President
Title of Officer