

Matthew A. Brown, Secretary of State Corporations Division 190 North Main Street, Providence, Rt 02905-1335 401-222-3040

•••	Secretary of State			- 2005	
PROFIT CORP( iling Period: January 1	ORATION A - March 1 • Fi	ANNUAL REP Iling Fee: 550 00	ORT FOR THE YEA	R 2003	<del></del>
FORM MUST BE TYPED IN					
Corporate ID No	2. Name of Corpor	ation			
97276	Open MRI of	New England, Inc.			
3. Street Address Principal Bus	iness Office		City	State	Zip
525 BROAD STREET			CUMBERLAND	RI	02864
1 Business Phone No.		5. State of Incorporat	ion		6. SIC Code
4017256736		RHODE ISLAN	1D		9217
	USINESS OF AND		NT MAGNETIC RESONANCE IM	AGING SERVICES	. A PROFESSIONAL
SERVICE CORPORATION  8. NAMES AND ADDRE  President Name	n. SSES OF THE OFF	ICERS C'X" BOX FOR	ATTACHMENT) TELL IN SPACES  Vice President Name	BEFORE USING AT	TTACHMENTS
Roman A. Klufas,	MD		Michael E. Klufas.	MD	
Street Address			Street Address		
50 Galen Ct.			124 Tobie Ave.		
"ity	State	Zip	City	State	Zφ
seekonk	M.A.	02771	Pawtucket	RI	02864
ecretary Name		522	Treasurer Name		
Street Address			Street Address		
Сиу	State	Zip	City	State	Ζφ
	SSES OF THE DIR	ECTORS ("X" BOX FO	RATTACHMENT)   FILL IN SPACE	es before using	ATTACHMENTS
Director Name			Director Name		
Roman A. Klufas,	MD		Michael E. Klufas,	MD	
Street Address			Street Address		
50 Galen Ct.			124 Tobie Ave.		
Спу	State	Zιp	City	State	Zıp
Seekonk	MA	02771	Pawtucket	RI	02861
Director Name			Director Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
10. SHARES AUTHORIZ	ZED <i>("X" BOX FOR</i>	ATTACHMENT) 🔲	11. SHARES ISSUED ("X" BO.	X FOR ATTACHME!	v7) 🗆
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$ 01 PA	R VALUE		С		

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



*97276 D	BC 02 <b>-10-19</b> 12 28	AM*
File Date	FEB 2 8 7000	4841
B <sub>Y</sub> <b>E</b>	y CB-	
FOR SECRE	TARY OF STATE USE ON!	Y

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.

Supariur of Other

Print of Type Name of Officer

Date

Print of Type Name of Officer

the of Officer

Form 630 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	200
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5 State of Incorporation RHODE ISLANI REPORT OF ATTENT N S: ("X" BOX FOR ATTENT N Zip Zip Zip	CUMBERLAND  D  IAGNETIC RESONANCE IMAGINI TACHMENT)   FILL IN SPA  Vice President Name  PACHAGO  Street Address    24 Told  Cary PAWTUCKRT  Treasurer Name	G SERVICES. A PROACES BEFORE USING  E. KU  SIE AVE	9217 DFESSIONAL IG ATTACHMENTS
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ROVIDE OUTPATIENT NS: ("X" BOX FOR AT	TACHMENT)   FILL IN SPA	ACES BEFORE USING  E KLC  BIE AVE	IFAS MC
10277/	MICHAEL Street Address 124 TOP Cary PAWTUCKET Treasurer Name	<del></del>	1FAS, MO.
10277/	124 TOP PAWTUCKRT Trasurer Name	<del></del>	219 2-211
10277/	FAWTUCKRT Treasurer Name	- State RI	102-211
S, MD			102061
<del></del>	<del></del>		
	Street Address		· <u> </u>
ZIP 02861	City	State	Zφ
ORS: ("X" BOX FOR A		SPACES BEFORE US	ING ATTACHMENTS
M	MICHAEL	E-KLU	FAS, M
· · · · · · · · · · · · · · · · · · ·		BIE AVE	
0277/	PAWTUCKET Ducctor Name	State RI	02861
	Street Address	<del>.</del>	
Zip	(,a <sub>j</sub> )	State	Zψ
TTACHMENT)	11. SHARES ISSUED ("X	 C BOX FOR ATTAC	  :HMENT)
Par Value	Number of Shares	Class/Series	Par Value
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thur the December W-	a Proceeding Supratory Assistant	Secretary Transvers	r. Reneiver or Trustee
	Par value	City   PAUTUCKET     Director Name     Street Address     City     City     City     Issued Shares     Par value   Number of Shares     O	Street Address    24 TOBIE AVE   24 TOBIE AVE   24 TOBIE AVE   24 TOBIE AVE   25 TOBIE AVE   26 TOBIE AVE   27

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 2003 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. 525 BROAD 5 State of Incorporation **RHODE ISLAND** 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 ROMAN A. KLUFAS, MO MICHAEL E.KLUFAS, MO. SEEKONK MA MICHAEL E. KLUFAS, MO City 210 State PAWTUCKET RI 02861

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS** ROMAN A. KLUFAS, MO. MICHARL E. KLYFAS, MO TOBIE AVE. Street Address Street Address State Zip Ζ:ρ City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares 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

	* 9 7 2 7 6 *
File Date:	1 28 03
Check No	4100
By: For secretary (	DE STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined
this report, including any accompanying schedules and statements, an
that all statements contained havein are true and correct.
1/27/02
Signature of Officer Office
Front or type Name of Officer KLUFAS, M.D.
THE OF OFFICE TO THE STATE OF T



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street. Providence. Rt 02903-1335. 401 222 3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

ruing Period: Januar (FORM MUST BE TYPED IN BI		Filing Fee: \$50.00			INSTRUC
I. Corporate ID No.	2 Name of Corpora	t(ton			
97276	Open MRI o	f New England, Inc.			
3 Street Address Principal Busine	is Office	_	City	State /	Zip
325 B	COAD ST		CUMBERLAN	id KL	02864
I Business Phone No		S. State of Incorporation	n —		6 SIC Code
725-67 Miles Description of the Charact	<sup>r</sup> 36	RHODE ISLAN	D		9217
MD	er of Business Comancien	G FACILITY			
B. NAMES AND ADDRE	SSES OF THE OFF	ICERS ("X" ROX FOR ATTA	ICHMENT) FILL IN SPACES P	BEFORE USING ATTA	CHMENTS
resident Name			Vice President Name		
ROMAN	A. KLUF	AS MO	JOHN S	· TKACH	
			er a Tar	,	
50 GAL	in cl	_	737 PI		
50 GAL SEEKONK	State MA	1º02771	SERKONK	State MA	02771
ecretary Name		• , , ,	Treasurer Name	V ()1	02///
MICHAEL	E. KIU	CAS MA	NONE		
20 mar 4 4 deces			Street Address		
124 T PAWTUCKET	OBIK A	1 V2			
The Comment of the	- State DT	02861	City	State	Zip
124W/UCKET	KL.	00001			
D. NAMES AND ADDRE	SSES OF THE DIR	ECTORS (*X* BOX FOR AT	TTACHMENT) FILL IN SPACES Director Name	S BEFORE USING ATT	ACHMENTS
ROMAN	A. KIUFA	SAA	JOHN S.	TV ALH	
			Street Address	///	
SELKONK	GALEN C	7.	737 PIN	E ST	
W Creation	State	Zip	Citi	State	02771
Stak ONK Pirestor Name	114	027+1	Steet Addiess 737 PIN Cuts SELEKONK	1-14	02771
	Vice	MA	Dire; for Name		
MICHARL &	,	, ID	Street Address		
124 TOB	11. AVE				
124 TOB	State 0-	Zip 2000 .	City	State	7:p
PAWTUCKET	1/L	02861			
O. SHARES AUTHORIZ	ED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*)	K* BOX FOR ATTACHMEN	I.)
UTHORIZED SHARES  tumber of Shares	Chica Plana	East Halos	ISSUED SHARES		N 17 :
8,000 COMM \$.01 PAR	Class/Series /ALTIE	Far Value	Number of Shares	Class/Series	Par Value
0,000 COMINI \$.UT PAR	TALUE		$\mathcal{O}$		

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



Frie Date _	3-1-62	
Check No	3-1601	
Bv	- O.	 _

FOR SIGREJARY OF STATE USE ONLY

Under penalty of persury, 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

Dor Chan	2/2/02
Sugaritie of Officer	Daid

TOAN S. TKACH
Front or Type Name of Officer

VICE PRESIDENT & MANAGING PARTNER

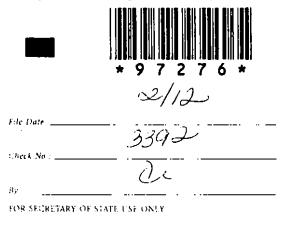
Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



FORM MUST BE TYPED IN B	HACKU				
1. Carporate ID No. <b>97276</b>	2 Name of Corpora Open ARI	of New England,	. Inc.		
Street Address Principal Ausim  525 BR(  6. Business Phone No  401-725  Brief Description of the Charac	DAD ST	S. State of Incorporation RHODE ISLA		State RI	02764 ° <b>3294</b>
MR ( B. NAMES AND ADDRI	OUTPATIE	NT FACILI		BEFORE USING ATTA	CHMENTS
resident Name	ESSES OF THE OFF	CERS I A BOX FOR ALLA	Vice President Name		CHADATO
ROMAN A.	KLUFAS, P	40	JOHN S.	TKACH PINE ST. State MA	
50 GALR	in it		737	PINE ST.	
50 GALK SEEKONK Secretary Same	State MA	02771	City SEEKONK Iceasurer Name	State	10277/
MICHAEL	E KLUF OBJE AV	AS, MO	Street Address		
PAWTYCKET	OBIE AV	02861	City	State	Zip
9. NAMES AND ADDR			TTACHMENT) FILL IN SPACE  Director Name	ES BEFORE USING AT	<b>TACHMENTS</b>
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Nume		
Street Address			Street Address		
City	State	Zip	City	State	Zıp
10. SHARES AUTHORIZ	ZED ("x" box for att	CACHMENT)	11. SHARES ISSUED (	"X" BOX FOR ATTACHME	(T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Pat Value
8,000 comm \$.0	1 PAR VALUE		Ø		

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.

Title of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

### 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. Carparate ID No. 2. Name of Corporation 97276 Open MRI of New England, Inc. 3. Street Address Principal Business Office CUMBERLAND RI BROAD 5. State of Incorporation RHODE ISLAND 401-725-6736

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 Street Address A. KLUFAS, ND Street Address Street Address City Zip Zip State 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name & KLUFAS, MD Street Address City Zip State Director Name Street Address Street Address City State Zio City State Zip

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

ISSUED SHARES

O

Number of Shares



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

8,000 COMM \$.01 PAR VALUE

Class/Series

Par Value

AUTHORIZED SHARES

Number of Shares

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.

Class/Series

Par Value

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



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, Rl 02903-1335 401-277-3040



Filing Period: Januar			PORT FOR TH	E IEAK	PLLASE R INSTRUCT
(FORM MUST BE TYPED IN B	LACK)				
1 Corporate ID No. 977276 3 Street Address Principal Busine	2 Name of Corporation OPEN ss Office	MRI OF NE	EW ENGLAND, CUMBERLAA	INC.	Zip
4. Business Phone No.  401-725 7. Brief Description of the Charac	ROAD ST -6736	5. State of Incorporation $\mathcal{K}\mathcal{I}$	CUMBERLAA	ID RI	02364 6 sic code 9247
7. Brief Description of the Charac	ter of Business Conducted in R	hode Island	cuias alas	<b>-</b>	
MRI SE	ERVICES, Q	PERATING	SINCE 8/98	<b>5</b>	
8. NAMES AND ADDRE	ESSES OF THE OFFICE	ERS (*X* BOX FOR ATTACI	HMENT) f Vice President Name		
	ON A. KLUP GALEN State MA	FAS	Street Address	• ·	
50	GALEN	CT.			
City	State	Zip	City	State	Zip
SEE KONK Secretary Name	MA	0277/	Treasurer Name		
Street Address SAM	2		Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRI	ESSES OF THE DIREC	TORS (*x* box for att			
Director Name	1 1 1/1 1/6	10	Director Name	CHUCAS	
Street Address	A. KLUP	43	Street Address	- E. KLUFAS	
50 (	BALEN CT		114 T	OBIG AVE.	
City	State	Zip	City	- E. KLUFAS OBIE AVE. TRI	02861
interior Name	A. KLUF, GALEN CT State MA		PAWTUCKET Director Name	F RL	02761
JOHN	, S. TKACI	4			
Street Address	PINE ST	-	Street Address		
Cav 757	11/1/2 31	Ζίρ	City	State	Zip
SEEKONK	W 1	02771	c.uy		
10. SHARES AUTHORIZ	LED (*x* BOX FOR ATTAC		11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
7000 com	M 9.01 PAR	VALUE	~		
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70.				-t	na Danatson or T

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

	<ul> <li>Under penalty of perjury, I dyclare and affirm that I have examined this report; including any afcompanying schedules and statements, and</li> </ul>
1de Date 7.6.99	that all statement contained nerely are true and correct.
17(e3	Signiture of Officer Date
Check No	Print or Type Name of Officer
FOR SECRETARY OF STATE USE ONLY	PRESIDENT



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

FORM MUST BE TYPED IN BLA	4CK)				
1. Corporate ID No.	2. Name of Corpora				
97276	•	of New England, Inc.			_
Street Address Principal Business 525 Broad	Street	13-64	Cumberlaud	State 12 Z	C: 28661
1. Business Phone No 401 - 726- 2. Brief Description of the Characte					6. SIC Code 9217
Brief Description of the Characte	r of Business Conducted i	n Rhode Island Walting	Stale coppr	ora (	
3. NAMES AND ADDRES President Name	SSES OF THE OFFI	CERS ("X" BOX IGR ATTAC			
ROMAN	1 K/V/	) (1 (	Vice President Name		
		'/	Street Address		
50 Gal	en Ct				
50 Gale Seelonk	State MA	02771	City	State	Zip
ecretary Name	,		Treasurer Name		
SAME			SAME		
itreet Address			Street Address		
Tity	State	Zip	City	State	Zip
9. NAMES AND ADDRES	SSES OF THE DIRI	ECTORS ("X" BOX FOR ATT	ACHMENT)		
Roman A	A. Klut	- 13	Director Name Michie Street Address	1 E.Kh	Fas
50 Galen	C+		124 7	bie Ave	
50 Graten Seekonk	State MA	02731	Street Address 124  City Pawtocke.	f State 12 I	C2861
John 5.			Director Name		
737 Pine	St		Street Address		
Seekonk	State A A	Zip	City	State	Zip
) Ce Konk	1414	02771			
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*X* BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ( BSUED SHARES	"X" BOX FOR ATTACHMEN	T)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000 COMM \$.01 P	AR VALUE		NONE		
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ma report must be sign	э <b>си га гак</b> пу еп	ner the rresident, vice	President, Secretary, Ass	istant secretary, ireas	outer, Receiver of Itus

* 9 7 2 7 6 *	Under penalty of perjury, I declare and affirm that I have examined
File Date: 2/26	this report, including any accompanying schedules and statements, and that all statements contained berein are true and correct.
Check No 1001	France A. Klass
By: GO STATE USE ONLY	Frint in Type Name of Officer  The Sy of the wift  fitte of Officer