



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report**

*Filing Period: January 1 - March 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2021

**1. Corporate ID No.** 000019056

**2. Name of Corporation** X-RAY ASSOCIATES, INCORPORATED

**3. Street Address Principal Business Office:**

No. and Street: 65 SOCKANOSSET CROSS RD

City or Town: CRANSTON

State: RI Zip: 02920 Country: USA

**4. Business Phone No.**

4018864830

**5. State of Incorporation**

State: RI

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621111

**6. Brief Description of the Character of Business Conducted in Rhode Island**

PROFESSIONAL MEDICAL CORPORATION

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| Title     | Individual Name             | Address                                            |
|-----------|-----------------------------|----------------------------------------------------|
|           | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country    |
| PRESIDENT | DAVID W ROWE MD             | 65 SOCKANOSSET CROSSROAD<br>CRANSTON, RI 02920 USA |

|                |                          |                                                     |
|----------------|--------------------------|-----------------------------------------------------|
| TREASURER      | JAMES W BLECHMAN MD      | 65 SOCKANOSSET CROSS ROAD<br>CRANSTON, RI 02920 USA |
| SECRETARY      | JEFFREY E SILVERSTEIN MD | 65 SOCKANOSSET CROSS ROAD<br>CRANSTON, RI 02920 USA |
| CFO            | LISA SALERNO             | 65 SOCKANOSSET CROSS RD<br>CRANSTON, RI 02920 UNI   |
| VICE PRESIDENT | RICHARD A BLACK MD       | 65 SOCKANOSSET CROSS ROAD<br>CRANSTON, RI 02920 USA |
| VICE PRESIDENT | JAMES W. BLECHMAN MD     | 65 SOCKANOSSET CROSSROAD<br>CRANSTON, RI 02920 USA  |
| VICE PRESIDENT | NAVEH LEVY MD            | 65 SOCKANOSSET CROSSROAD<br>CRANSTON, RI 02920 USA  |
| DIRECTOR       | DAVID W ROWE MD          | 65 SOCKANOSSET CROSSROAD<br>CRANSTON, RI 02920 USA  |
| DIRECTOR       | JAMES W BLECHMAN MD      | 65 SOCKANOSSET CROSSROAD<br>CRANSTON, RI 02920 USA  |
| DIRECTOR       | JEFFREY E SILVERSTEIN MD | 65 SOCKANOSSETT CROSSROAD<br>CRANSTON, RI 02920 USA |
| DIRECTOR       | RICHARD A BLACK MD       | 65 SOCKANOSSET CROSSROAD<br>CRANSTON, RI 02920 USA  |
| DIRECTOR       | NAVEH LEVY MD            | 65 SOCKANOSSET CROSSROAD<br>CRANSTON, RI 02920 USA  |

## 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| CNP            |                 | \$0.0000            | 600.00                                                | 100                                                            |

**9. 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.**

**Signed this 8 Day of February, 2021 at 3:58:39 PM. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.**

By DAVID ROWE  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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