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State of Rhode Island
Department of State - Business Services Division

FILED
STATE
MAR 01 2021
B 010100 DS

Annual Report for the year: 2021
Corporation

→ 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	2. Exact name of the Corporation
117942	IMAGING INVESTORS, INC.

3. Principal Office Address	City	State	Zip
125 METRO CENTER BLVD, STE 2000	WARWICK	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
541990	TO OWN, INVEST OR PARTICIPATE IN AND OTHERWISE DEAL WITH REAL AND/OR PERSONAL PROPERTY IN CONNECTION WITH THE ESTABLISHMENT AND OPERATION OF ONE OR MORE FREE-STANDING MEDICAL IMAGING CENTERS
5. State of Incorporation: RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: JOHN A. PEZZULLO, III, MD			Vice-President Name: PETER EVANGELISTA, MD		
Street Address: 125 METRO CENTER BLVD, STE 2000			Street Address: 125 METRO CENTER BLVD, STE 2000		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886
Secretary Name: DON CHAN YOO, MD			Treasurer Name: MICHAEL BELAND, MD		
Street Address: 125 METRO CENTER BLVD, STE 2000			Street Address: 125 METRO CENTER BLVD, STE 2000		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☑

Director Name: JOHN A. PEZZULLO, III, MD			Director Name: PETER EVANGELISTA, MD		
Street Address: 125 METRO CENTER BLVD, STE 2000			Street Address: 125 METRO CENTER BLVD, STE 2000		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886
Director Name: DON CHAN YOO, MD			Director Name: MICHAEL BELAND, MD		
Street Address: 125 METRO CENTER BLVD, STE 2000			Street Address: 125 METRO CENTER BLVD, STE 2000		
City: WARWICK	State: RI	Zip: 02886	City: WARWICK	State: RI	Zip: 02886

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
1725	CNP	0.00

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	Date
MICHAEL BELAND	2/11/21

Signature of Authorized Representative

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

FORM 630 - Revised: 08/2020