State of Rhode Island

## **Department of State - Business Services Division**

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Annual Report for the year: 2021 Corporation

MAR 0 1 2021

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

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Entity ID Number	2. Exact name	e of the Corporatio	n			*/_/		
117942		IMAGING INVESTORS, INC.						
Principal Office Address			City		State	Zip		
125 METRO CENTER BLVD, STE 2000			WARWICK	,	RI	02886		
						02000		
4. NAICS Code	6. Brief descr	Brief description of the character of business conducted in Rhode Island						
541990	TO OWN, I	TO OWN, INVEST OR PARTICIPATE IN AND OTHERWISE DEAL WITH REAL AND/OR						
State of Incorporation	PERSONAL	PERSONAL PROPERTY IN CONNECTION WITH THE ESTABLISHMENT AND OPERATION OF						
RHODE ISLAND	ONE OR M	ONE OR MORE FREE-STANDING MEDICAL IMAGING CENTERS						
7. List ALL officers (names and	addresses)			Che	eck the box to indic	ate an attachment		
President Name JOHN A. PEZZULLO, III, MD			Vice-President Name PETER EVANGELISTA, MD					
Street Address 125 METRO CE	NTER BLVD, STE	2000	Street Addres	<sup>8</sup> 125 METRO CE	NTER BLVD, STE	2000		
City WARWICK	State RI	Zip 02886	City WARW	TCK	State RI	Zip 02886		
Secretary Name DON CHAN Y	00, MD		Treasurer Nar	me MICHAEL BE	LAND, MD			
Street Address 125 METRO CE	NTER BLVD, STE	2000	Street Addres	s 125 METRO CI	ENTER BLVD, STI	E 2000		
City WARWICK	State RI	Zip 02886	Cily WARW	'ICK	State RI	Zip 02886		
8 List ALL directors (names an	d addresses)				eck the box to indic	cate an attachment 🗹		
Director Name JOHN A. PEZZU	JLLO, III, MD		Director Name	PETER EVANG	ELISTA, MD			
	NTER BLVD, STE	2000	Street Addres	<sup>\$</sup> 125 METRO CI	ENTER BLVD, STI	£ 2000		
City WARWICK	State RI	Zip 02886	City WARW	ICK	State RI	Z <sub>IP</sub> 02886		
Director Name DON CHAN YO	00, MD	•	Director Name	e MICHAEL BELA	AND, MD			
	NTER BLVD, STE	2000	Street Address 125 METRO CENTER BLVD, STE 2000					
City WARWICK	State RI	Zip 02886	City WARW	/ICK	State RI	Zip 02886		
9. Shares Authorized		10. Shares Iss				cate an attachment 🔲		
This information is currently of record in the Department of State.		1725	F SHARES	CNP		PAR VALUE		
Changes require an additional fil	ing.							
11. This report must be execute	ed on behalf of the	corporation by an	authorized repre	sentative. If the co	orporation is in the	hands of a receiver or		
trustee, this report must be exe	cuted on behalf of	the corporation by	the receiver or to	rustee.				
Under penalty of perjury, I de statements, and that all state				including any ac	companying sche	dules and		
Name of Authorized Represent		till alt liut al	id Correct.		Date			
MICHAEL BELAND		2/11/21						
Signature of Authorized Repres	entative		· <del>-</del> · ·	-	•			
	<u>/</u>							

Phone: (401) 222-3040 Website: www.sos.ri.gov