



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RIDOS BSD  
24 APR 30 PM 2:16:31

1. Entity ID Number 000144831		2. Exact name of the Corporation Southeastern New England Diagnostic Services, Inc.			
3. Principal Office Address 1030 Warwick Avenue			City Warwick	State RI	Zip 02888
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island medical services			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name John D. Lowney			Vice-President Name		
Street Address 41 King Philip Circle			Street Address		
City Warwick	State RI	Zip 02818	City	State	Zip
Secretary Name John D. Lowney			Treasurer Name John D. Lowney		
Street Address 41 King Philip Circle			Street Address 41 King Philip Circle		
City Warwick	State RI	Zip 02818	City Warwick	State RI	Zip 02818
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name John D. Lowney			Director Name		
Street Address 41 King Philip Circle			Street Address		
City Warwick	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State.			Check the box to indicate an attachment <input type="checkbox"/>		
Changes require an additional filing.			NUMBER OF SHARES 100	CLASS/SERIFS CNP	PAR VALUE no par
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 John D. Lowney				FILED	Date 4/11/24
Signature of Authorized Representative					