



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 RID05 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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIFS	PAR VALUE
		100		CNP	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				Date 4/11/24	
Signature of Authorized Representative 				FILED APR 30 2024 14980 KS	

MAIL TO:
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