

RECORDED
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**State of Rhode Island
Department of State - Business Services Division**

Annual Report for the year: **2025**

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number 001777005	2. Exact name of the Corporation Sail Sign Radiology, Inc.
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3. Principal Office Address 160 Adams Point Rd.	City Barrington	State RI	Zip 02806
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4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island Medical Practice
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 Ryan McTaggart, MD			Vice-President Name		
Street Address 160 Adams Point Rd.			Street Address		
City Barrington	State RI	Zip 02806	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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 <input type="checkbox"/>									
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 33%;">NUMBER OF SHARES</th> <th style="width: 33%;">CLASS/SERIES</th> <th style="width: 33%;">PAR VALUE</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">100</td> <td style="text-align: center;">CNP</td> <td style="text-align: center;">0.00</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	CNP	0.00			
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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 Ryan McTaggart, MD	FILED	Date 5/10/25
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Signature of Authorized Representative 	Date MAY 27 2025 PATVX BY
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MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov