



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**Annual Report for the year: 2017**  
**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 <b>70827</b>		2. Exact name of the Corporation <b>DIAGNOSTIC INFORMATION SYSTEM INC.</b>			
3. Principal Office Address <b>3743 POST ROAD, 2ND FLOOR</b>			City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>81 - Other Services (except Pul</b>		6. Brief description of the character of business conducted in Rhode Island <b>DEVELOP, LICENSE &amp; MARKET AN INTEGRATED &amp; STANDARDIZED MEDICAL DIAGNOSTIC TEST DATA REPORTING SYTEM</b>			
5. State of Incorporation <b>RHODE ISLAND</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>BERNARD LAMBRESE</b>			Vice-President Name		
Street Address <b>36 RELIANCE DRIVE</b>			Street Address		
City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>	City	State	Zip
Secretary Name <b>ROBERT D. COLI, M.D.</b>			Treasurer Name <b>JOSEPH HALEY</b>		
Street Address <b>73 LEDGE DRIVE, P.O. BOX 354</b>			Street Address <b>100 OLDE MILL LANE</b>		
City <b>PLAINFIELD</b>	State <b>MA</b>	Zip <b>03781</b>	City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>ROBERT D. COLI, M.D.</b>			Director Name <b>BERNARD LAMBRESE</b>		
Street Address <b>73 LEDGE DRIVE, P.O. BOX 354</b>			Street Address <b>36 RELIANCE DRIVE</b>		
City <b>PLAINFIELD</b>	State <b>MA</b>	Zip <b>03781</b>	City <b>BRISTOL</b>	State <b>RI</b>	Zip <b>02809</b>
Director Name <b>JOSEPH HALEY</b>			Director Name <b>TED ALMON</b>		
Street Address <b>100 OLDE MILL LANE</b>			Street Address <b>P.O. BOX 7830</b>		
City <b>NORTH KINGSTOWN</b>	State <b>RI</b>	Zip <b>02852</b>	City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02887</b>
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>5,897</b>		<b>COMMON</b>	<b>\$1.00</b>
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. <b>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.</b>					
Name of Authorized Representative <b>ROBERT D. COLI, M.D.</b>					Date <b>1/31/17</b>
Signature of Authorized Representative <i>Robert D. Coli, MD</i>					<b>FILED</b>

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

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