



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024
 Corporation _____

FILED

STAMP

MAR 07 2024
 BY [Signature]
FOR SECRETARY OF STATE USE ONLY

- 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 17852		2. Exact name of the Corporation RHODE ISLAND MEDICAL IMAGING, INC			
3. Principal Office Address 125 METRO CENTER BLVD, SUITE 2000			City WARWICK	State RI	Zip 02886
4. NAICS Code 621512		6. Brief description of the character of business conducted in Rhode Island PROFESSIONAL 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 JOHN A. PEZZULLO, III MD			Vice-President Name PETER EVANGELISTA, MD		
Street Address 125 METRO CENETER BLVD STE 2000			Street Address 125 METRO CENETER BLVD STE 2000		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Secretary Name DAVID SWENSON, MD			Treasurer Name MICHAEL BELAND, MD		
Street Address 125 METRO CENETER BLVD STE 2000			Street Address 125 METRO CENETER BLVD STE 2000		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
Director Name JOHN A. PEZZULLO, III MD			Director Name PETER EVANGELISTA, MD		
Street Address 125 METRO CENETER BLVD STE 2000			Street Address 125 METRO CENETER BLVD STE 2000		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
Director Name DAVID SWENSON, MD			Director Name MICHAEL BELAND, MD		
Street Address 125 METRO CENETER BLVD STE 2000			Street Address 125 METRO CENETER BLVD STE 2000		
City WARWICK	State RI	Zip 02886	City WARWICK	State RI	Zip 02886
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"/>			
		NUMBER OF SHARES		CLASS/SERIES	
		7840		COMMON	
				PAR VALUE	
				1	
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 MICHAEL BELAND, MD				Date 2/28/24	
Signature of Authorized Representative <u>[Signature]</u>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov