RI SOS Filing Number: 200837454470 Date: 11/04/2008 11:17 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2008

1. ID No. 000266262

2. Exact Name of the Limited Liability Company Orthopedic MRI of Rhode Island, LLC

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Leasing and management organization that provides or arranges for certain items and services necessary to support the operation of medical imaging services.

5. Principal Office Address

No. and Street: 100 BUTLER DRIVE
City or Town: PROVIDENCE State: RI Zip: 02906 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: H. PETER OLSEN, ESQ. Contact Title:
No. and Street: 50 KENNEDY PLAZA
SUITE 1500
City or Town: PROVIDENCE State: RI Zip: 02903 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	AUGUST CORDEIRO	RHODE ISLAND HOSPITAL, 593 EDDY STREET PROVIDENCE, RI 02903 USA
MANAGER	RICHARD NOTO, M.D.	IMAGING INVESTORS, INC., 20 CATAMORE STREET EAST PROVIDENCE, RI 02914 USA
MANAGER	MICHAEL G. EHRLICH, M.D.	UNIVERSITY ORTHOPEDICS, INC., 2 DUDLEY STREET, STE. 200 PROVIDENCE, RI 02905 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

H. PETER OLSON, ESQ. HINCKLEY ALLEN & SNYDER LLP 1500 FLEET CENTER PROVIDENCE , RI 02903

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 4 Day of November, 2008 at 11:18:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By H. PETER OLSEN, ESQ.
Signature of Authorized Person

Form No. 632
Revised 09/07