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

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** 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.*

1. ID No.	2. Exact name of the limited liability company		
129788	Ocean Lithotripsy, LLC		
3. State of Formation	**4. Brief description of the character of the business which is actually conducted in Rhode Island**		
Delaware	Mobile Lithotripsy Service		
5. Principal office address	**City**	**State**	**Zip**
100 West Third Avenue, Suite 350	Columbus	OH	43201

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
Kyra Gorman	Bookkepper		
Street Address	**City**	**State**	**Zip**
100 West Third Avenue, Suite 350	Columbus	OH	43201

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☑

Manager Name	Street Address	City	State	Zip
American Kidney Stone Mgmt. LTD.	100 West Third Ave. Suite 350	Columbus	OH	43201
John C. Carroll, M.D.	100 West Third Ave. Suite 350	Columbus	OH	43201
Peter E Levesque, M.D.	100 West Third Ave. Suite 350	Columbus	OH	43201
Arnold A. Sarazen, M.D.	100 West Third Ave. Suite 350	Columbus	OH	43201

8. RESIDENT AGENT IN RHODE ISLAND
This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11

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

[redacted] 129788

[redacted]

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.

11/3/10
Signature of Authorized Person *Date*

Ric Hughes
Print or Type Name of Authorized Person

FILED
File Date NOV 19 2010
Check No. 2699
By: mne
55[redacted] SECRETARY OF STATE USE ONLY

[redacted]

Form 632 Rev. 08/08