



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 2011

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. 266262		2. Exact name of the limited liability company ORTHOPEDIC MRI OF RHODE ISLAND, LLC			
3. State of Formation RHODE ISLAND		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 ITEMS AND SERVICES NECESSARY TO SUPPORT THE OPERATION OF MEDICAL IMAGING SERVICES			
5. Principal office address 100 BUTLER DRIVE		City PROVIDENCE	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WEBER SHILL		Contact Title CHIEF OPERATING OFFICER			
Street Address UNIVERSITY ORTHOPEDICS 2 DUDLEY ST., STE. 200		City PROVIDENCE	State RI	Zip 02905	
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 AUGUST CORDEIRO		Manager Name MICHAEL G. EHRLICH, M.D.			
Street Address RHODE ISLAND HOSPITAL, 593 EDDY STREET		Street Address UNIVERSITY ORTHOPEDICS, INC., 2 DUDLEY ST., STE. 200			
City PROVIDENCE	State RI	Zip 02905	City PROVIDENCE	State RI	Zip 02905
Manager Name RICHARD NOTO, M.D.		Manager Name			
Street Address IMAGING INVESTORS, INC., 20 CATAMORE STREET		Street Address			
City EAST PROVIDENCE	State RI	Zip 02914	City	State	Zip
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).

266262

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File Date	FILED
Check No.	OCT 04 2011
By:	153524
BY FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Authorized Person: Michael G. Ehrlich Date: 9/27/11
MICHAEL G. EHRLICH, M.D., MANAGER
Print or Type Name of Authorized Person