



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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:** 2012

**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: WEBER SHILL Contact Title: CHIEF OPERATING OFFICER

No. and Street: UNIVERSITY ORTHOPEDICS INC

2 DUDLEY STREET, SUITE 200

City or Town: PROVIDENCE State: RI Zip: 02905 Country: USA

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

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL G. EHRLICH MD	UNIVERSITY ORTHOPEDICS INC, 2 DUDLEY ST., STE 200 PROVIDENCE, RI 02905 USA
MANAGER	RICHARD NOTO MD	IMAGING INVESTORS, INC., 20 CATAMORE BLVD. EAST PROVIDENCE, RI 02914 USA
MANAGER	NICHOLAS P. DOMINICK JR	RHODE ISLAND HOSPITAL, 593 EDDY STREET PROVIDENCE, RI 02903 USA

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

E COLBY CAMERON 301 PROMENADE STREET PROVIDENCE , RI 02908

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

**Signed this 23 Day of August, 2012 at 3:40:51 PM 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 MICHAEL G. EHRLICH, MD, MANAGER  
Signature of Authorized Person

Form No. 632  
Revised 09/07