



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040, ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2013

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 136549		2. Exact name of the limited liability company Shoreline Medical Imaging, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of business conducted in Rhode Island ACQUIRE, OWN, DEVELOP, SELL, INVEST IN AND/OR LEASE REAL ESTATE & MEDICAL & OTHER EQUIPMENT			
5. Principal office address P.O. BOX 609		City LEDYARD	State CT	Zip 06339	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name DANIEL DIFFIN, M.D.		Contact Title			
Street Address P.O. BOX 609		City LEDYARD	State CT	Zip 06339	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name NONE		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 Form 642.					

File Date _____

Check No _____

By: _____ **BY** _____

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FILED

SEP 30 2013

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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

Date

Daniel Diffin, M.D.; Michael Niles, M.D.

Print or Type Name of Authorized Person