RALPH MOIL	State of Rhode Island and Pro Office of the Secreta		tations	Fee: \$50.00
Sectory of State	Division Of Business 148 W. River St Providence RI 0290 (401) 222-304	reet 4-2615		
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: 2013				
1. ID No. <u>000120377</u>				
2. Exact Name of the Limited Liability Company Johnston MRI, L.L.C.				
3. State of Formation				
State: <u>RI</u>				
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>INVESTS AND MANAGES MEDICAL DIAGNOSTIC IMAGING FACILITIES</u>				
5. Principal Office Address				
No. and Street: <u>C/O PARTRIDGE SNOW AND HAHN</u>				
City or Town: <u>PROVI</u>	<u>STMINSTER, SUITE 1100</u> <u>DENCE</u>	State: <u>RI</u> Z	Zip: <u>02903</u> Cou	untry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:				
Contact Name:       ROBERT A. SANTAMARIA       Contact Title:       CFO         No. and Street:       800 WEST CUMMINGS PARK, SUITE 1350         City or Town:       WOBURN       State: MA Zip:       01801				
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, City o	Address r Town, State, Zip Co	de, Country
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11				
JAMES HAHN 40 WESTMINSTER STREET, SUITE 1100 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 31 Day of October, 2013 at 2:18:50 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 <u>ROBERT A SANTAMARIA</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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