

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 2015

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.		2. Exact name of the limited liability company				
160045	Radiosu	rgery Center of R	thode Island, LLC			
3. State of Formation	4. Brief des	Brief description of the character of business conducted in Rhode Island				
Rhode Island	Provides	s radiosurgery se	rvices to patients			
5. Principal office address 593 Eddy Street			City Providence	State RI	Zip 02903	
6. MAILING ADDRESS O	F LIMITED LIABILI	TY COMPANY AND NA	AME OR TITLE OF CONTACT P	ERSON:	udvārtānski detektoriski	
Contact Name Nicholas Dominick			Contact Title President & CEO			
Street Address 593 Eddy Street			City Providence	State RI	^{Zip} 02903	
7. LIST <u>ALL</u> MANAGERS ("X", BOX FOR ATTACI		PRESSES) OF THE LI	MITED LIABILITY COMPANY, IP	APPLICABLE - <u>DO</u>	NOT LIST MEMBERS	
Manager Name Rhode Island Hosp	ital		Manager Name			
Street Address 593 Eddy Street			Street Address			
City Providence	State RI	Zip 02903	City	State	Zip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
8. RESIDENT AGENT IN I	RHODE ISLAND		ert er en	i i i i i i i i i i i i i i i i i i i		
This information is curre	ntly of record in th	e Office of the Secret	ary of State. Changes require f	Iling Form 642.		

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	and the second of	Under penalty of perjury, I declare and affirm that I have examined		
File Date	<u> </u>	this report, including any secompanying schedules and statements,		
		and that all statemente contained herein are true and correct.		
Check No		09/16/2015		
		Signature of Authorized Person Date		
By:	<u> </u>	Signature or districted religion		
EOD SECRETA	RY OF STATE USE ONLY	Nicholas Dominick		
FUR SEURE IA	NI OF STATE USE UNLI			

Form No. 632 Revised: 01/2012