

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					
129908	America	American Kidney Stone Management, Ltd.					
3. State of Formation	4. Brief desc	Brief description of the character of business conducted in Rhode Island					
DE	Healthca	Healthcare - Mobile Lithotripsy					
5. Principal office address 450 Veterans Memorial Parkway, Suite 7A		City East Providence	State RI	Zip 02914			
6. MAILING ADDRESS OF	F LIMITED LIABILIT	Y COMPANY AND NA	AME OR TITLE OF CONTACT PE	RSON:			
Contact Name Kim Puckett			Contact Title Accountant				
Street Address 100 W 3rd Avenue, Suite 350		City Columbus	State OH	Zip 43201			
7. LIST <u>ALL</u> MANAGERS ("X" BOX FOR ATTACH	(NAMES AND ADD	RESSES) OF THE LI	MITED LIABILITY COMPANY, IF A	APPLICABLE - DO	NOT LIST MEMBERS		
Manager Name Ric Hughes			Manager Name Alan Buergenthal				
Street Address 100 West 3rd Avenue, Suite 350			Street Address 100 West 3rd Avenue, Suite 350				
City Columbus	State OH	Zip 43201	City Columbus	State OH	Zip 43201		
Manager Name	anager Name		Manager Name				
Street Address			Street Address				
City	State	Zip	City	State	Zip		
8. RESIDENT AGENT IN F	RHODE ISLAND	<u> </u>					
This information is curre	ntly of record in th	e Office of the Secret	ary of State. Changes require fili	ng Form 642.			

	OCT 27	2015		
	BY LIME	55 Under penalty of perjury, I declare and a		
File Date		this report including any accompanying schedules and statements and that all statements contained berein are true and correct.		
Check No		in the	10/20/2015	
Ву:		Signature of Authorized Person	Date	
FOR SECRETARY OF STATE USE ONLY		Ric Hughes		
FOR SECRETARY OF STATE USE UNLY		Print or Type Name of Authorized Person		

Form No. 632 Revised: 01/2012