



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

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
i01.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

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.

1. ID No. 266262		2. Exact name of the limited liability company Orthopedic MRI of Rhode Island, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island that provides or arranges for certain items & services necessary to support the operation of medical imaging services Leasing & management organization			
5. Principal office address 100 BUTLER AVENUE		City PROVIDENCE	State RI	Zip 02906	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name WEBER SHILL, COO			Contact Title		
Street Address 2 DUDLEY STREET, SUITE 200		City PROVIDENCE	State RI	Zip 02905	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name MICHAEL G. EHRlich, M.D.			Manager Name RICHARD NOTO, M.D.		
Street Address UNIVERSITY ORTHOPEDICS, 2 DUDLEY ST., SUITE 200			Street Address IMAGING INVESTORS, INC., 20 CATAMORE BLVD.		
City PROVIDENCE	State RI	Zip 02905	City EAST PROVIDENCE	State RI	Zip 02914
Manager Name NICHOLAS P. DOMINICK, JR.			Manager Name		
Street Address RHODE ISLAND HOSPITAL, 593 EDDY STREET			Street Address		
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name E. COLBY CAMERON			Address		
Address 301 PROMENADE STREET			City PROVIDENCE	Zip 02908	

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

266262

FILED
OCT 26 2015
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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.

Michael G. Ehrlich, M.D. 10/26/15
Signature of Authorized Person Date

MICHAEL G. EHRlich, M.D., MANAGER

Print or Type Name of Authorized Person

File Date _____
Check No. _____
By: _____
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