



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  
401.222.3040

## LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2015

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* 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.<br>553765   |       | 2. Exact name of the limited liability company<br>Toll Gate Radiology II, LLC  |                       |              |     |
| 3. State of Formation<br>Rhode Island   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Radiology practice. |                       |              |     |
| 5. Principal office address<br>215 Toll Gate Road   |       | City<br>Warwick  | State<br>Rhode Island | Zip<br>02886 |     |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |                       |              |     |
| Contact Name<br>Anthony Bruzzese, MD  |       | Contact Title<br>Member  |                       |              |     |
| Street Address<br>215 Toll Gate Road  |       | City<br>Warwick  | State<br>Rhode Island | Zip<br>02886 |     |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |                       |              |     |
| Manager Name  |       | 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 of Form 642 - R.I.G.L. 7-16-11  |       |  |                       |              |     |

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

553765

FILED

NOV 20 2015

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.

|                                 |         |
|---------------------------------|---------|
| File Date                       | BY      |
| Check No.                       | 5531 DS |
| FOR SECRETARY OF STATE USE ONLY |         |

*Anthony Bruzzese MD* 11/21/15  
Signature of Authorized Person Date

Anthony Bruzzese, M.D., Member

Print or Type Name of Authorized Person