s	itate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
	Division Of Business	Services	
148 W. River Street			
Providence RI 02904-2615			
HOPE	(401) 222-304	40	
Limited Liability Com	pany		
Annual Report			
Filing Period: September 1	- November 1		
	7-16-66(d), each limited liability comp		
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.			
	penalty lee of \$25.00.		
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>000487676</u>			
2. Exact Name of the Limited Liability Company U.S. Imaging Network, LLC			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Using the following NAICS codes, please select the code that best describes your business.			
NIACS Code		<u>6</u> <u>81</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
U.S. IMAGING NETWORK LLC IS A NATIONAL DIAGNOSTIC IMAGING THIRD PARTY			
ADMINISTRATOR SERVING SELF-INSURED GROUP HEALTH PLANS, INSURERS, TPA'S			
AND WORKERS'COM	IPENSATION PLANS.		
5. Principal Office Addre	SS		
No. and Street: 733 THIRD AVENUE, 11TH FLOOR			
City or Town: NEW Y		State: NY Zip: 10017 C	ountry: USA
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: 733 THIRD AVENUE, 11TH FLOOR			
City or Town: <u>NEW Y</u>	<u>ORK</u>	State: <u>NY</u> Zip: <u>10017</u> Co	ountry: <u>USA</u>
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	Codo, Countra
MANAGER	JOHN MOORE	Address, City or Town, State, Zip	
		733 THIRD AVENUE, 11	INFLOUK

## 8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

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 August, 2016 at 2:58:42 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>RACHEL SCHNEIDER</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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