



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 266262		2. Exact name of the Limited Liability Company Orthopedic MRI of Rhode Island, LLC			
3. NAICS Code 81 - Other Services (except Pul		4. Brief description of the character of business conducted in Rhode Island Leasing & management organization that provides or arranges for certain items & services necessary to support the operation of medical imaging services			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 100 BUTLER AVENUE		City PROVIDENCE	State RI	Zip 02906	
7. 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	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Edward Akelman, M.D.		Manager Name John Pezzullo, M.D.			
Street Address UNIVERSITY ORTHOPEDICS, 2 DUDLEY ST.		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 ST.		Street Address			
City PROVIDENCE	State RI	Zip 02903	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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.					
Name of Authorized Person <i>Webber Shill</i> , MANAGER			Date <i>4/17/17</i>		
Signature of Authorized Person <i>Webber Shill</i>		SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED
APR 24 2017
 BY 2051
[Signature]