



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

Annual Report for the year: 2017

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 <u>812990</u> 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 | City EAST PROVIDENCE | State RI |
| Zip 02905 | | Zip 02914 | |
| Manager Name NICHOLAS P. DOMINICK, JR. | | Manager Name | |
| Street Address RHODE ISLAND HOSPITAL, 593 EDDY ST. | | Street Address | |
| City PROVIDENCE | State RI | City | State |
| Zip 02903 | | 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. | | | |
| <i>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.</i> | | | |
| Name of Authorized Person NICHOLAS P. DOMINICK, JR. , MANAGER | | Date 9/29/17 | |
| Signature of Authorized Person 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
OCT 11 2017
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