



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 <b>266262</b>		2. Exact name of the Limited Liability Company <b>Orthopedic MRI of Rhode Island, LLC</b>			
3. NAICS Code <b>812990</b> 81 - Other Services (except Pul		4. Brief description of the character of business conducted in Rhode Island <b>Leasing &amp; management organization that provides or arranges for certain items &amp; services necessary to support the operation of medical imaging services</b>			
5. State of Formation <b>RHODE ISLAND</b>					
6. Principal Office Address <b>100 BUTLER AVENUE</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>WEBER SHILL, COO</b>			Contact Title		
Street Address <b>2 DUDLEY STREET, SUITE 200</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Edward Akelman M.D.</b>		Manager Name <b>John Pezzullo, M.D.</b>			
Street Address <b>UNIVERSITY ORTHOPEDICS, 2 DUDLEY ST.</b>		Street Address <b>IMAGING INVESTORS INC. 20 CATAMORE BLVD.</b>			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>EAST PROVIDENCE</b>	State <b>RI</b>	Zip <b>02914</b>
Manager Name <b>NICHOLAS P. DOMINICK, JR.</b>		Manager Name			
Street Address <b>RHODE ISLAND HOSPITAL, 593 EDDY ST.</b>		Street Address			
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>	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.					
<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 <b>, MANAGER</b>				Date <b>9/29/17</b>	
Signature of Authorized Person <b>SIGN DOCUMENT HERE</b>					

**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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