RI SOS Filing Number: 201856234740 Date: 1/16/2018 4:13:00 PM

State of Rhode Island and Providence Plantations	
Department of State - Business Services Division	SECF COR 2018 J
Annual Report for the year: 2015 Limited Liability Company	RETARY RETARY IAN 16
→ Filing period: September 1 - November 1 → Filing Fee: \$50.00	PH COSE
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.	

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1. Entity ID Number	2. Exact name of the Limited Liability Company					
000100040	Radiologic Leasing Associates, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
531120	Own and manage Real Estate					
5. State of Formation	$\dashv$					
Rhode Island						
6. Principal Office Address			City	State	Zip	
215 Toll Gate Road			Warwick	RI	02886	
7. Mailing Address of Limited	Liability Compan	y and Name or Tit	le of Contact Person			
Contact Name Cathy Carr			Contact Title Operations Manager			
Street Address 215 Toll Gate Road			City Warwick	State RI	<sup>Zip</sup> <b>02886</b>	
8. List ALL managers (names	and addresses)	of the Limited Lial	bility Company, IF APPLICA	BLE - DO NOT LIST I	MEMBERS	
Manager Name Anthony G. Bruzzese			Manager Name			
Street Address 215 Toll Gate Road		Street Address				
City Warwick	State RI	Zıp 02886	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
		<b></b>	<b>I</b>	Check the box to i	ndicate an attachment	
9. Resident Agent in Rhode Is	sland. This informa	tion is currently of re	cord with the Department of St	ate. Changes require filin	ng Form 642.	
Under penalty of perjury, I o statements, and that all stat			• •	ng any accompanyin	g schedules and	
Name of Authorized Person				Date	/ /	
Anthony G. Bruzzese			12/	Z9/17		
Signature of Authorized Person  WHISH DOMESTICAL						

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

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FORM 632 - Revised: 08/2017