



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

FILED

SEP 27 2019

134545

Annual Report for the year: **2019**

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 000129908		2. Exact name of the Limited Liability Company American Kidney Stone Management, Ltd.			
3. NAICS Code 621999		4. Brief description of the character of business conducted in Rhode Island Healthcare - Mobile Lithotripsy			
5. State of Formation DE					
6. Principal Office Address 450 Veterans Memorial Parkway, Suite 7A			City East Providence	State RI	Zip 02914
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Kim Puckett			Contact Title Accountant		
Street Address 100 W 3rd Avenue, Suite 350			City Columbus	State OH	Zip 43201
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Ric Hughes			Manager Name Scott Sasserson		
Street Address 100 W 3rd Avenue, Suite 350			Street Address 1700 West Park Drive, Suite 410		
City Columbus	State OH	Zip 43201	City Westborough	State MA	Zip 01581
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	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 Tara Perdue				Date 9-23-19	
Signature of Authorized Person <i>Tara Perdue</i>					

MAIL TO:

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