



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

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 <b>266262</b>		2. Exact name of the Limited Liability Company <b>Orthopedic MRI of Rhode Island, LLC</b>			
3. NAICS Code <b>999999</b>		4. Brief description of the character of business conducted in Rhode Island <b>Leasing and management organization that provides or arranges for certain items and services necessary to support the operation of medical imaging services</b>			
5. State of Formation <b>Rhode Island</b>					
6. Principal Office Address <b>1 Kettle Point Ave</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</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>1 Kettle Point Ave</b>		City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</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, 583 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.					
<b>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.</b>					
Name of Authorized Person <b>Weber Shill</b>			, Manager		Date <b>10/1</b> , 2019
Signature of Authorized Person <i>Weber Shill</i>			SIGN DOCUMENT HERE		

**FILED**

OCT 04 2019

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**MAIL TO:**  
 Division of Business Services  
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 Website: www.sos.ri.gov