s s	tate of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
Division Of Business Services			
148 W. River Street			
Providence RI 02904-2615 (401) 222-3040			
HOPE	(401) 222 30		
Limited Liability Company			
Annual Report Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-			
16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2019			
1. ID No. <u>000487676</u>			
2. Exact Name of the Limited Liability Company <u>U.S. IMAGING NETWORK, LLC</u>			
3. State of Formation			
State: <u>DE</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>999999</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island			
U.S. IMAGING NETWORK LLC IS A NATIONAL DIAGNOSTIC IMAGING THIRD PARTY			
ADMINISTRATOR SERVING SELF-INSURED GROUP HEALTH PLANS, INSURERS, TPA'S			
AND WORKERS'COMPENSATION PLANS.			
5. Principal Office Address			
No. and Street: 733 TH	IRD AVENUE, 11TH FLOOR		
City or Town: <u>NEW Y</u>	ORK	State: <u>NY</u> Zip: <u>10017</u> Coun	try: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title:			
No. and Street: 733 THIRD AVENUE, 11TH FLOOR			
City or Town: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10017</u> Country: <u>USA</u>			
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Cod	e, Country

JOHN MOORE

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI 02888

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 24 Day of October, 2019 at 10:13:52 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By JESSICA HONAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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