



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2020
Limited Liability Company

FILED
 SEP 30 2020
 138480

- 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 Damon Green		Manager Name Paul Hajjar			
Street Address 1700 West Park Drive, Suite 410		Street Address 1700 West Park Drive, Suite 410			
City Westborough	State MA	Zip 01581	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. The Resident Agent information currently of record with the RI Department of State is accurate. 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 Kim Puckett				Date 9/22/20	
Signature of Authorized Person Kim Puckett					

MAIL TO:
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