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R.I. DEPT. OF STATE
BUS SVCS DIVState of Rhode Island
Department of State - Business Services Division

2021 OCT 13 A 9:27

Annual Report for the year: 2021
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 001 337710		2. Exact name of the Limited Liability Company HERSCAN R.I., LLC	
3. NAICS Code 621512		4. Brief description of the character of business conducted in Rhode Island REMOTE BREAST SCANS WOMEN'S HEALTH CARE	
5. State of Formation FLORIDA			
6. Principal Office Address 404 INDIAN ROCKS ROAD		City BELLEAIR BLUFFS	State FL
		Zip 33770	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name MARY JO HENDERSON		Contact Title MANAGING MEMBER	
Street Address 404 INDIAN ROCKS RD.		City BELLEAIR BLUFFS	State FL
		Zip 33770	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
	Zip		Zip
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 842. ☐			
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 MARY JO HENDERSON		Date 10-1-21	
Signature of Authorized Person <i>Mary Jo Henderson</i>			

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

OCT 12 2021

BY *PN MK8*

FORM 632 - Revised: 08/2020