RI SOS Filing Number: 202103469900 Date: 10/18/2021 4:00:00 PM



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.

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1. Entity ID Number	2. Exact na	ame of the Limite	d Liability Company			
001708006	MAG Radiology LLC					
3. NAICS Code  OQ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Brief description of the character of business conducted in Rhode Island     Radiologists					
6. Principal Office Address			City	State	Zip	
123 Lorimer Ave			Providence	RI	02906	
7. Mailing Address of Limited Li	ability Compa	any and Name or	Title of Contact Person		<u> </u>	
Contact Name Mark Geist			Contact Title Member	<u></u>		
Street Address 123 Lorimer Ave			City Providence	State RI	<sup>Zip</sup> 02906	
8. List ALL managers (names a	ınd addresse:	s) of the Limited	Liability Company, IF APPLICAE	BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zip	
	<del>!</del>			Check the box to i	ndicate an attachment	
9. The Resident Agent informat	ion currently	of record with the	RI Department of State is accu	rate. Changes requir	e filing Form 642.	
Under penalty of perjury, I de statements, and that all state			examined this report, includin true and correct.	g any accompanyin	g schedules and	
Name of Authorized Person				Date		
Mark Geist						
Signature of Authorized Person						
X Marka.	Ders	mot		•.		

MAIL TO:

**Division of Business Services** 

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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