RI SOS Filing Number: 202327991940 Date: 2/8/2023 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **Limited Liability Company**

2023

→ Filing period: February 1 - May 1 → Filing Fee: \$50.00 -> Penalty: Additional \$25.00 fee if form is not filed by May 31.

Entity ID Number	2. Exact name of the Limited Lia	bility Company		
001337710	HERSCAN RI	LLC		
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island			
621512	REMOTE BREAST SCANS WOMENS			
5. State of Formation	HEALTH CARE			
FL				
6. Principal Office Address		City	State	Zip
404 INDIAN ROCKS RO N		BELLEAIR BLUFFS	FL	33770
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name BRIAN FINNEGAN		Contact Title ACCOUNTING		
Street Address 404 INDIAN ROCKS RD N		CHYBELLEAUR BLUFFS	State FC	^{Zip} 33770
8. 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			Date	
MAKY TO HENDERSON				7/22
Signature of Kutherized Person III 7 722				
				7

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615

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