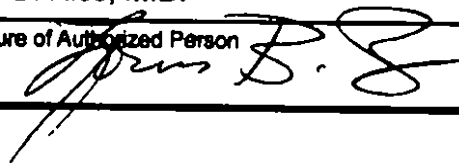


REC'D RIDOS BSD  
24 MAR 14 AM 10:35:19State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2024  
Limited Liability Company

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

1. Entity ID Number <b>930899</b>		2. Exact name of the Limited Liability Company <b>RIMG Physician Member, LLC</b>		
3. NAICS Code <b>621111</b>		4. Brief description of the character of business conducted in Rhode Island <b>Health, educational, research and scientific services</b>		
5. State of Formation <b>Rhode Island</b>				
6. Principal Office Address <b>RIHospital, Dept. of Medicine, 593 Eddy Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <b>Louis B. Rice, M.D.</b>		Contact Title <b>President</b>		
Street Address <b>593 Eddy Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 <b>Louis B. Rice, M.D.</b>			Date <b>2/14/24</b>	
Signature of Authorized Person 				

FILED

MAR 14 2024

BY ML 100101406

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)