		REC'E
State of Rhode Islan	nd tate - Business Services Division	S Z
- Debaration 2	rare - prisings 26tAlces Division	* OO
Annual Report for the year:	2024	10:05
Limited Liability Company		<u> </u>
→ Filing period: February 1 → Filing Fee: \$50.00	·	19
→ Penalty: Additional \$25.00	fee if form is not filed by May 31.	

1. Entity ID Number	2. Exact name of the Limited Li	2. Exact name of the Limited Liability Company				
930899		RIMG Physician Member, LLC				
3. NAICS Code	4. Brief description of the chare	Brief description of the character of business conducted in Rhode Island Health, educational, research and scientific services				
621111	Health, educational, res					
5. State of Formation	7					
Rhode Island						
6. Principal Office Address		City	State	Zip		
RIHospital, Dept. of Medicine, 593 Eddy Street		Providence	RI	02903		
	Liability Company and Name or Title	a of Contact Person				
Contact Name Louis B. Rice, M.D.		Contact Title President				
Street Address 593 Eddy Street		City Providence	State RI	^{Zip} 02903		
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			Date / ,	7		
Louis B. Rice, M.D.			2/141	24		
Signature of Authorized Person	\$.8		 -			

FILED

MAR 1 4 2024 BYYYL 100 0 406

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2815

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