

Department of State - Business Services Division

Annual Report for the year: Limited Liability Company

2024

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

MAR 2 5 2024

BY

Entity ID Number	2. Exact name of the Limited	2. Exact name of the Limited Liability Company			
1673715	Imaging RI, LLC	Imaging RI, LLC			
3. NAICS Code 999999	· '	4 Brief description of the character of business conducted in Rhode Island To hold equipment for the practice: Brain and Spine Neurological Institute.			
5. State of Formation					
Rhode Island					
6. Principal Office Address		City	State	Zip	
1526 Atwood Avenue, Ste. 200		Johnston	RI	02919	
7. Mailing Address of Limit	ed Liability Company and Name or	Title of Contact Person	Į.	I	
Contact Name Sumit Kumar Das, M.D.		Contact Title Member			
Street Address 1526 Atwood Avenue, Ste. 200		City Johnston	State RI	^{Z₁p} 02919	
8. The Resident Agent info	rmation currently of record with the	RI Department of State is acc	curate. Changes requi	re filing Form 642	
	ry, I declare and affirm that I have statements contained herein are t		iding any accompan	ying schedules and	
Name of Authorized Perso	n		Date	20-2024	
Sumit Kumar Das, N	M.D.		3-,	W-WY	

MAIL TO:

Division of Business Services

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