State of Rhode Island Fee: \$50.00 Office of the Secretary of State Office								
Division Of Business Services								
148 W. River Street								
Providence RI 02904-2615								
(401) 222-3040								
Limited Liability Company Annual Report Filing Period: February 1 - May 1								
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.								
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025								
1. ID No. <u>000487676</u>								
2. Exact Name of the Limited Liability Company U.S. IMAGING NETWORK, LLC								
3. State of Formation								
State: <u>DE</u>								
NAICS CODE								
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.								
<u>999999</u>								
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island								
U.S. IMAGING NETWORK LLC IS A NATIONAL DIAGNOSTIC IMAGING THIRD								
PARTY								
ADMINISTRATOR SERVING SELF-INSURED GROUP HEALTH PLANS, INSURERS,								
TPA'S								
AND WORKERS'COMPENSATION PLANS.								
5. Principal Office Address								
No. and Street: <u>733 THIRD AVENUE</u>								
<u>11TH FLOOR</u> City or Town: <u>NEW YORK</u> State: <u>NY</u> Zip: <u>10017</u> Country: <u>USA</u>								
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:								
Contact Name: <u>MICHAEL WASSERMAN</u> Contact Title: <u>GENERAL COUNSEL</u> No. and Street: <u>733 THIRD AVENUE</u>								

1	1	T		F	L($\mathbf{)}$	\mathbf{O}	R
Ν	IE	١V	V	Y	C	RI	K	

State: NY Zip: 10017 Country: USA

7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 23 Day of April, 2025 at 2:37:42 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By KAYLA WRIGHT

Signature of Authorized Person

Form No. 632 Revised 09/07

City or Town:

© 2007 - 2025 State of Rhode Island All Rights Reserved