



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED

OCT 25 2021
 BY 191984

Annual Report for the year: 2021
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

5250.00.089

1 Entity ID Number 266262		2 Exact name of the Limited Liability Company Orthopedic MRI of Rhode Island, LLC			
3 NAICS Code 999999		4 Brief description of the character of business conducted in Rhode Island Leasing and management organization that provides or arranges for certain items and services necessary to support the operation of medical imaging services			
5. State of Formation Rhode Island					
6 Principal Office Address 1 Kettle Point Ave.		City East Providence	State RI	Zip 02914	
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Weber Shill, COO		Contact Title			
Street Address 1 Kettle Point Ave.		City East Providence	State RI	Zip 02914	
8 List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Edward Akelman, M.D.		Manager Name John Pezzullo, M.D.			
Street Address University Orthopedics, 2 Dudley St.		Street Address Imaging Investors Inc., 20 Catamore Blvd.			
City Providence	State RI	Zip 02905	City East Providence	State RI	Zip 02914
Manager Name Nicholas P. Dominick, Jr.		Manager Name			
Street Address Rhode Island Hospital, 583 Eddy St.		Street Address			
City Providence	State RI	Zip 02903	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. 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 <i>Weber Shill</i>				Date <i>10/21, 2021</i>	
Signature of Authorized Person <i>Weber Shill</i> <small>OR DOCUMENT HERE</small>					

MAIL TO:
 Division of Business Services
 148 W River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov