



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

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.

1. ID No. 146015		2. Exact name of the limited liability company GENOA HEALTHCARE RHODE ISLAND, LLC			
3. State of Formation OREGON		4. Brief description of the character of the business which is actually conducted in Rhode Island DISPENSING OF PRESCRIPTION DRUGS			
5. Principal office address 510 E MAIN STREET		City AUBURN	State WA	Zip 98002	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name RYAN NIEMEYER			Contact Title CONTROLLER		
Street Address 510 E MAIN STREET		City AUBURN	State WA	Zip 98002	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name KEVIN MAULTYN			Manager Name VICTOR BREED		
Street Address 510 E MAIN STREET		Street Address 510 E. MAIN STREET			
City AUBURN	State WA	Zip 98002	City AUBURN	State WA	Zip 98002
Manager Name			Manager Name		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CT CORPORATION SYSTEM			Address		
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-		

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

FILED

File Date
OCT 25 2007
Check No.
By 10755

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Authorized Person
RYAN NIEMEYER
Date
10/22/07
Print or Type Name of Authorized Person