RI SOS Filing Number: 200703478470 Date: 11/01/2007 4:00 PM

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.	2. Exact name of the limited liability company
160327	Graceway Pharmaceuticals, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Pharmaceutical

5. Principal office address	City	State	Zip
340 Martin Luther King Jr Blvd	Bristol	TN	37620

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
John C. Bowles	Corporate Counsel

Street Address	City	State	Zip
340 Martin Luther King Jr Blvd	Bristol	TN	37620

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) ☐

Manager Name	Street Address	City	State	Zip
Jefferson J. Gregory	340 Edgemont Avenue, Suite 500	Bristol	TN	37620
Edgar D. Jannotta, Jr.	340 Edgemont Avenue, Suite 500	Bristol	TN	37620
Joseph P. Nolan	340 Edgemont Avenue, Suite 500	Bristol	TN	37620
Constantine S. Mihas	340 Edgemont Avenue, Suite 500	Bristol	TN	37620

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

Agent Name	Address	City	Zip
National Registered Agents, Inc.	222 Jefferson Blvd., Suite 200	Warwick	02888-

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

160327

FILED
File Date _____
NOV 01 2007
Check No. _____
By 4351
By: _____
FOR SECRETARY OF STATE USE ONLY

16245-14-199626

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.

10-28-2007
Signature of Authorized Person *Date*

JOHN C. BOWLES CORPORATE COUNSEL
Print or Type Name of Authorized Person

Form 632 Rev. 07/07