



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

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2008

1. Corporate ID No. 000084236

2. Name of Corporation ASCO HEALTHCARE OF NEW ENGLAND, INC.

3. Street Address Principal Business Office:

No. and Street: 100 E. RIVERCENTER BLVD
SUITE 1600

City or Town: COVINGTON

State: KY Zip: 41011 Country: USA

4. Business Phone No.

5. State of Incorporation

State: MD

6. Brief Description of the Character of Business Conducted in Rhode Island

THE OWNERSHIP AND OPERATION OF A PHARMACY.

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	LEO P FINN III	100 E. RIVERCENTER BLVD., STE 1600 COVINGTON, KY 41011 USA
PRESIDENT	REGIS T ROBBINS	100 E. RIVERCENTER BLVD, STE. 1600 COVINGTON, KY 41011- USA
DIRECTOR	LEO P FINN III	100 E. RIVERCENTER BLVD, STE 1600 COVINGTON, KY 41011 USA
DIRECTOR	THOMAS R MARSH	100 E. RIVERCENTER BLVD, STE 1600 COVINGTON, KY 41011 USA
DIRECTOR	REGIS T ROBBINS	100 E. RIVERCENTER BLVD, STE 1600 COVINGTON, KY 41011 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$10.00	5,500.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 22 Day of February, 2008 at 12:20:44 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By LEO P. FINN
Signature of Authorized Representative of the Corporation

SECRETARY
Title

Form No. 630
Revised 09/07

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