RI SOS Filing Number: 200809441170 Date: 02/29/2008 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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

****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.***

1. Corporate ID No.	2. Name of Corporation			
99369	PRESCRIPTION COMPOUNDING SPECIALISTS OF RHODE ISLAND INC.			
3. Street Address Principal Business Office		City	State	Zip
950 RESERVOIR AVENUE SUITE 1		CRANSTON	RI	02910
4. Business Phone No.	5. State of Incorporation			
401-429-0330	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
DISPENSING PRESCRIPTION AND NONPRESCRIPTION DRUGS AND ESPECIALLY COMPOUNDED DRUGS AND ASSOCIATED MEDICAL ITEMS TO MEMBERS OF THE GENERAL PUBLIC

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
JAMES FIORE			ANNMARIE ARVANITES		
Street Address			Street Address		
103 PUTNAM HILL ROAD			60 LAKELAND ROAD		
City	State	Zip	City	State	Zip
SUTTON	MA	01590	CRANSTON	RI	02910
Secretary Name			Treasurer Name		
JAMES FIORE			JAMES ARVANITES		
Street Address			Street Address		
103 PUTNAM HILL ROAD			60 LAKELAND ROAD		
City	State	Zip	City	State	Zip
SUTTON	MA	01590	CRANSTON	RI	02910

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2000	NO PAR VALUE		2000	COMMON	NO PAR VALUE

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.

[redacted] [redacted]

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 *Date* 2/28/08

ANNMARIE ARVANITES
Print or Type Name

[redacted] VICE-PRESIDENT
Title

File Date	FILED
Check No.	FEB 29 2008
By:	By 4387

FOR SECRETARY OF STATE USE ONLY

21137-24-242972

Form 630 Rev. 12/06