



**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

**Limited Liability Company  
Annual Report**

*Filing Period: September 1 - November 1*

*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.*

**ANNUAL REPORT YEAR:** 2008

**1. ID No.** 000114800

**2. Exact Name of the Limited Liability Company** McKesson Health Solutions LLC

**3. State of Formation**

State: DE

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PROVIDES MEDICAL MANAGEMENT SERVICES FOR PAYORS AND PROVIDERS TO  
MANAGE COSTS AND OUTCOMES OF MEDICAL CARE

**5. Principal Office Address**

No. and Street: ONE POST STREET

City or Town: SAN FRANCISCO

State: CA

Zip: 94104

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MELISSA WU Contact Title: ASSISTANT SECRETARY

No. and Street: ONE POST STREET, 33RD FLOOR

City or Town: SAN FRANCISCO

State: CA

Zip: 04104

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

| Title | Individual Name             | Address                                         |
|-------|-----------------------------|-------------------------------------------------|
|       | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country |

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

PRENTICE-HALL CORP SYSTEM 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888-

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

**Signed this 6 Day of October, 2008 at 5:04:29 PM by the authorized person.** *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MELISSA WU  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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