



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 2008**

**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. 157099		2. Exact name of the limited liability company Alexion Manufacturing LLC			
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Manufacturing facility			
5. Principal office address c/o Alexion Pharmaceuticals, Inc. 352 Knotter Drive			City Cheshire	State CT	Zip 06410
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Michael Greco			Contact Title Counsel		
Street Address c/o Alexion Pharmaceuticals, Inc. 352 Knotter Drive			City Cheshire	State CT	Zip 06410
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			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 10 Weybosset Street, 9th Floor		
Address			City Providence	Zip 02903	

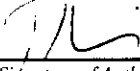
2008 OCT 31 AM 11:36  
 SECRETARY OF STATE  
 CORPORATIONS DIVISION

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

157099

File Date	<b>FILED</b>
Check No.	<b>OCT 31 2008</b>
By:	<b>By</b>
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

Sep 8 '08  
 Date

Alexion Pharmaceuticals, Inc., sole member - Thomas Dubin, Sr VP  
 Print or Type Name of Authorized Person