

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

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. 000216270		2. Name of Corporation L. PERRIGO COMPANY			
3. Street Address Principal Business Office 515 EASTERN AVENUE			City ALLEGAN	State MI	Zip 49010
4. Business Phone No. 269-673-8451		5. State of Incorporation MI			
6. Brief Description of the Character of Business Conducted in Rhode Island <i>Wholesale Distribution of Pharmaceuticals</i>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name JOSEPH C. PAPA			Vice President Name JUDY L. BROWN		
Street Address 515 EASTERN AVENUE			Street Address 515 EASTERN AVENUE		
City ALLEGAN	State MI	Zip 49010	City ALLEGAN	State MI	Zip 49010
Secretary Name TODD W. KINGMA			Treasurer Name RONALD L. WINOWIECKI		
Street Address 515 EASTERN AVENUE			Street Address 515 EASTERN AVENUE		
City ALLEGAN	State MI	Zip 49010	City ALLEGAN	State MI	Zip 49010
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JOSEPH C. PAPA			Director Name JUDY L. BROWN		
Street Address 515 EASTERN AVENUE			Street Address 515 EASTERN AVENUE		
City ALLEGAN	State MI	Zip 49010	City ALLEGAN	State MI	Zip 49010
Director Name JOHN T. HENDRICKSON			Director Name		
Street Address 515 EASTERN AVENUE			Street Address		
City ALLEGAN	State MI	Zip 49010	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			25900	CWP	10.00
	0	PWP	10.00		

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.

File Date	FILED
Check No.	MAR 23 2010
By	330576
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	<i>Scott R. Rush</i>	Date	3-18-10
Print or Type Name			
SCOTT R. RUSH			
VICE PRESIDENT, GLOBAL TAXATION			
Title			
<i>on spot</i>			

**RHODE ISLAND FORM 630
NAMES AND ADDRESSES OF ADDITIONAL OFFICERS**

NAME	POSITION	ADDRESS	CITY	STATE	ZIP
John T. Hendrickson	Executive Vice President	515 Eastern Avenue	Allegan	MI	49010
Scott R. Rush	Vice President	515 Eastern Avenue	Allegan	MI	49010
David W. Mason	Assistant Secretary	515 Eastern Avenue	Allegan	MI	49010

FILED

MAR 23 2010

By 216270