



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
118 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010**

**Filing Period:** September 1 - November 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**  
\* 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. <b>511639</b>		2. Exact name of the limited liability company <b>HTP MEDS, LLC</b>			
3. State of Formation <b>Connecticut</b>		4. Brief description of the character of the business which is actually conducted in Rhode Island <b>any lawful business for which an LLC may be formed under the laws of the State of Connecticut</b>			
5. Principal office address <b>15 Gray Lane</b>		City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804</b>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <b>Raymond Quinlan</b>		Contact Title			
Street Address <b>15 Gray Lane</b>		City <b>Ashaway</b>	State <b>RI</b>	Zip <b>02804+++</b>	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> 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 This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

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

**511639**

File Date	<b>FILED</b>
Check No.	<b>SEP 21 2010</b>
By:	<b>8809</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.

*Raymond Quinlan*  
Signature of Authorized Person  
Date **9/3/2010**  
**Raymond Quinlan**  
Print or Type Name of Authorized Person