



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 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)(3)) is subject to a penalty fee of \$25.00.

1. ID No. 521416		2. Exact name of the limited liability company PerformRx, LLC			
3. State of Formation PA		4. Brief description of the character of the business which is actually conducted in Rhode Island Management and administration of pharmacy benefits for and on behalf of health plans			
5. Principal office address 200 Stevens Dr.		City Philadelphia	State PA	Zip 19113	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Mesfin Tegenu			Contact Title President		
Street Address 200 Stevens Dr.		City Philadelphia	State PA	Zip 19113	
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 Michael A. Rashid			Manager Name Steven H. Bohner		
Street Address 200 Stevens Dr.		Street Address 200 Stevens Dr.			
City Philadelphia	State PA	Zip 19113	City Philadelphia	State PA	Zip 19113
Manager Name Anne Morrissey			Manager Name		
Street Address 200 Stevens Dr.		Street Address			
City Philadelphia	State PA	Zip 19113	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).

521416

File Date	9-29-2010
Check No.	00000048
By:	<i>MME</i>
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.

Robert E. Tootle 9/10/10
Signature of Authorized Person Date

Robert E. Tootle

Print or Type Name of Authorized Person