



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

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(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:** 2010

**1. ID No.** 000123720

**2. Exact Name of the Limited Liability Company** McKesson Specialty Pharmaceuticals LLC

**3. State of Formation**

State: DE

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

PROVIDES PHARMACEUTICAL PRODUCTS BY MAIL TO PHYSICIANS AND PATIENTS

**5. Principal Office Address**

No. and Street: 300 WILMOT ROAD, MS 3301

City or Town: DEERFIELD

State: IL

Zip: 60015

Country: USA

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

Contact Name: STAN TYLKA Contact Title: MANAGER, WHS ANS PR TAXES

No. and Street: 300 WILMOT ROAD

MS#3301

City or Town: DEERFIELD

State: IL

Zip: 60015

Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	KERMIT CRAWFORD	200 WILMOT ROAD DEERFIELD, IL 60051 USA
MANAGER	ROBERT SILVERMAN	104 WILMOT ROAD DEERFIELD, IL 60015 USA
MANAGER	RICK J HANS	200 WILMOT RD DEERFIELD, IL 60015 USA

**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 29 Day of October, 2010 at 7:15:44 AM 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 MICHAEL FELISH  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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