



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
 Office of the Secretary of State - Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: September 1 - November 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 509306		2. Exact name of the limited liability company TheraCom, L.L.C.			
3. State of Formation OH		4. Brief description of the character of business conducted in Rhode Island Pharmacy specialty services			
5. Principal office address One CVS Drive		City Woonsocket	State RI	Zip 02895	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name Attn: Tax Dept		Contact Title AmerisourceBergen Corporation			
Street Address 1350 Morris Drive		City Chesterbrook	State PA	Zip 19087	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/></b>					
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
<b>8. RESIDENT AGENT IN RHODE ISLAND</b>					
This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.					

File Date \_\_\_\_\_  
 Check No \_\_\_\_\_  
 By: \_\_\_\_\_  
**FOR SECRETARY OF STATE USE ONLY**

**FILED**

OCT 04 2012

BY 20176503

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]* \_\_\_\_\_  
 Signature of Authorized Person Date 10/1/2012

Daniel T. Hirst  
 Print or Type Name of Authorized Person