



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. <u>506610</u>		2. Exact name of the limited liability company <u>Intrinsic 9, LLC</u>			
3. State of Formation <u>DE</u>		4. Brief description of the character of business conducted in Rhode Island <u>Sales</u>			
5. Principal office address <u>25 Corporate Drive Suite 300</u>		City <u>Burlington</u>	State <u>MA</u>	Zip <u>01803</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Attn: Tax Dept</u>		Contact Title <u>Amerisourabergen Corporation</u>			
Street Address <u>1300 Morris Drive</u>		City <u>Chesterbrook</u>	State <u>PA</u>	Zip <u>19087</u>	
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"/>					
Manager Name <u>Steven H. Collis</u>		Manager Name <u>Tim G. Guttman</u>			
Street Address <u>1300 Morris Drive</u>		Street Address <u>1300 Morris Drive</u>			
City <u>Chesterbrook</u>	State <u>PA</u>	Zip <u>19087</u>	City <u>Chesterbrook</u>	State <u>PA</u>	Zip <u>19087</u>
Manager Name <u>John G. Chou</u>		Manager Name			
Street Address <u>1300 Morris Drive</u>		Street Address			
City <u>Chesterbrook</u>	State <u>PA</u>	Zip <u>19087</u>	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 Form 642.					

File Date _____
 Check No _____
 By _____
FOR SECRETARY OF STATE USE ONLY

FILED
OCT 04 2012
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 of Authorized Person: Daniel T. Hirst Date: 10/1/2012
 Print or Type Name of Authorized Person: Daniel T. Hirst