



**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:** 2013

**1. ID No.** 000745095

**2. Exact Name of the Limited Liability Company** Advantage Consumer Healthcare LLC

**3. State of Formation**

State: DE

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

PROVIDES SALES, MARKETING AND SUPPLY CHAIN SERVICES TO OVER-THE-COUNTER HEALTHCARE MANUFACTURERS.

**5. Principal Office Address**

No. and Street: 18100 VON KARMAN, SUITE 1000

City or Town: IRVINE

State: CA Zip: 92612 Country: USA

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

Contact Name: Contact Title:

No. and Street: ATTN: LEGAL DEPT.

18100 VON KARMAN, SUITE 1000

City or Town: IRVINE

State: CA Zip: 92612 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	JOHN D SHULMAN	445 WILLARD AVE., 12TH FL CHEVY CHASE, MD 20815 USA
MANAGER	BRIAN STEVENS	18100 VON KARMAN AVE., STE 1000 IRVINE, CA 92612 USA
MANAGER	SONNY KING	18100 VON KARMAN AVENUE SUITE 1000 IRVINE, CA 92612 USA
MANAGER	GREGORY W BRADLEY	10560 CONNOR COURT

		WEXFORD, PA 15090 USA
MANAGER	MICHAEL SALZBERG	18100 VON KARMAN AVENUE SUITE 1000 IRVINE, CA 92612 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST  
PROVIDENCE , RI 02914

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

**Signed this 31 Day of October, 2013 at 2:37:50 PM 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 BRIAN STEVENS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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