



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 2014

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. 000794929		2. Exact name of the limited liability company Amneal-Agila, LLC			
3. State of Formation Delaware		4. Brief description of the character of business conducted in Rhode Island Pharmaceuticals			
5. Principal office address 400 Crossing Blvd, Fl 3		City Bridgewater		State NJ	Zip 08807
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Starr Diethorn		Contact Title Accounts Payable			
Street Address 400 Crossing Blvd, Fl 3		City Bridgewater		State NJ	Zip 08807
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name Chirag Patel		Manager Name			
Street Address 400 Crossing Blvd, Fl 3		Street Address			
City Bridgewater	State NJ	Zip 08807	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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.					

FILED

SEP 24 2014

BY

0289

File Date _____

Check No _____

By: _____

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.

Signature of Authorized Person

09/19/2014

Date

Chirag Patel

Print or Type Name of Authorized Person