



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

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

**ANNUAL REPORT YEAR:** 2015

**1. Corporate ID No.** 000796236

**2. Name of Corporation** COMMUNITY PHARMACY NETWORK SOLUTIONS, INC.

**3. Street Address Principal Business Office:**

No. and Street: 1550 COLUMBUS STREET

City or Town: SUN PRAIRIE

State: WI Zip: 53590 Country: USA

**4. Business Phone No.**

6088254109

**5. State of Incorporation**

State: WI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

SALES OF PRESCRIPTION BENEFIT MANAGEMENT SERVICES

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	DON ANDERSON	1550 COLUMBUS STREET SUN PRAIRIE, WI 53590 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares	Total Issued and Outstanding Num of Num of
----------------	-----------------	---------------------	----------------------------	--

			<i>Number of Shares</i>	<i>Shares</i>
CNP		\$0.0000	10,000.00	0

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 13 Day of March, 2015 at 11:14:52 AM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DON ANDERSON  
Signature of Authorized Representative of the Corporation

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations  
All Rights Reserved