



**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** 2015

**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. <b>221299</b>		2. Exact name of the limited liability company <b>CCR Pharmacy, LLC</b>			
3. State of Formation <b>Rhode Island</b>		4. Brief description of the character of business conducted in Rhode Island <b>To act as pharmacy.</b>			
5. Principal office address <b>1017 Smith Street</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	
<b>6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:</b>					
Contact Name <b>Stephen J. DiGianfilippo, Esq.</b>		Contact Title <b>Registered Agent</b>			
Street Address <b>50 Park Row West, Suite 111</b>		City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>	
<b>7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS</b> ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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.					

**FILED**

**NOV 05 2015**

BY 8741

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.

*John L. Capuano, Jr.* 10/7/15  
 Signature of Authorized Person Date  
**John L. Capuano, Jr.**  
 Print or Type Name of Authorized Person