-			
S S	ate of Rhode Island and Pr Office of the Secret		Fee: \$50.00
	Division Of Busines	s Services	
	148 W. River S		
	Providence RI 029 (401) 222-30		
HOPE	(401) 222-30	J40	
Limited Liability Com	pany		
Annual Report Filing Period: September 1 -	November 1		
In accordance with R.I.G.L.	7-16-66(d), each limited liability con	npany failing or refusing	
	n thirty (30) days after the time pres		
16-66(b&c)) is subject to a p	enalty fee of \$25.00.		
ANNUAL REPORT YEAR:	2016		
1. ID No. <u>001589499</u>			
2. Exact Name of the Limited Liability Company <u>Aureus Health Services, LLC</u>			
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
Using the following NAICS codes, please select the code that best describes your business.			
NAICS Code <u>6</u> <u>446110</u>			10
4. Brief Description of the	e Character of the Business Whic	h is Actually Conducted in Rho	ode Island
MAIL ORDER SPECIAL	LTY PHARMACY		
5. Principal Office Addres	ŝS		
No. and Street: 532 BRO	ADUALOW PD STE 127		
No. and Street:532 BROADHOLLOW RD. STE. 137City or Town:MELVILLEState:NYZip:11747Country:USA			
6. Mailing Address of Lin	nited Liability Company and Nam	le of Title of Contact Person:	
Contact Name: Contact			
No. and Street: <u>532 BROADHOLLOW ROAD, SUITE 137</u> City or Town: <u>MELVILLE</u> State: <u>NY</u> Zip: <u>11747</u> Country: <u>USA</u>			
City or Town: <u>MELVILL</u>	<u>-L</u>		Junuy. <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip C	ode, Country

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

Signed this 12 Day of September, 2016 at 11:49:59 AM 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 <u>PAUL VALENTI</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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