s s	tate of Rhode Island and Pro Office of the Secreta	
	Division Of Business 148 W. River S Providence RI 029	Street 04-2615
HOPE	(401) 222-30)40
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: 2016		
1. ID No. <u>001589496</u>		
2. Exact Name of the Limited Liability Company Senderra RX Partners, LLC		
3. State of Formation		
State: <u>TX</u>		
ARTICLE III		
Using the following NAICS codes, please select the code that best describes your business.		
NAICS Code 62		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
SPECIALTY PHARMACY SERVICES.		
5. Principal Office Address		
No. and Street:9330 LCity or Town:DALL	<u>BJ FREEWAY SUITE 1300</u> AS	State: <u>TX</u> Zip: <u>75243</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: Contact		
No. and Street: <u>9330 L</u> City or Town: <u>DALLA</u>	<u>BJ FREEWAY SUITE 1300</u> S	State: <u>TX</u> Zip: <u>75243</u> Country: <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 Code, Country
MANAGER	WINSTON R. PURIFOY	1301 E. ARAPAHO ROAD, SUITE 101 RICHARDSON, TX 75081 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 12 Day of September, 2016 at 2:32:59 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 <u>TIFFANY JONES</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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