State -	of Rhode Island and Pr Office of the Secret		Fee: \$50.00					
Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040								
Foreign Business Corpor Annual Report Filing Period: January 1 - March 1								
In accordance with R.I.G.L. 7-1.2- annual report within thirty (30) day (c&d)) is subject to a penalty fee	vs after the time prescribed by							
ANNUAL REPORT YEAR: 2017								
1. Corporate ID No. 001090542								
2. Name of Corporation AcariaHealth Pharmacy #12, Inc.								
3. Street Address Principal Business Office:								
No. and Street:7700 FORCity or Town:ST. LOUI	<u>SYTH BLVD</u> <u>S</u> State	e: <u>MO</u> Zip: <u>63105</u> Country	: <u>USA</u>					
4. Business Phone No.								
5. State of Incorporation								
State: <u>NY</u>								
	ARTICLE III							
Using the following NAICS codes	s, please select the code that	t best describes your business.						
NAICS Code		<u>6</u> <u>81</u>						
6. Brief Description of the Cha	racter of Business Conduct	ted in Rhode Island						
SPECIALTY PHARMACEUT	SPECIALTY PHARMACEUTICALS							
7. Names and Addresses of the	7. Names and Addresses of the Officers and Directors:							
All officers and directors m	All officers and directors must be listed.							
Title	Individual Name	Address						
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code	e, Country					
CFO	STEPHEN JENSEN	7700 FORSYTH BLVD ST. LOUIS , MO 63105 USA						
EVP, SALES & MARKETING	CARMEN FONTANEZ	7700 FORSYTH BLVD						

		ST. LOUIS, MO 63105 USA	
VICE PRESIDENT, TAX	TRICIA DINKELMAN	7700 FORSYTH BLVD ST. LOUIS,, MO 63105 USA	
ASSISTANT SECRETARY	KATHY BRADLEY-WELLS	7700 FORSYTH BLVD ST. LOUIS, MO 63105 USA	
PRESIDENT / COO	JOHN P. SIVORI	7700 FORSYTH BLVD ST. LOUIS , MO 63105 USA	
CEO / DIRECTOR	DONALD HOWARD	7700 FORSYTH BLVD ST. LOUIS , MO 63105 USA	
VICE PRESIDENT / DIRECTOR	JESSE N. HUNTER	7700 FORSYTH BLVD ST. LOUIS , MO 63105 USA	
SECRETARY / DIRECTOR	KEITH H. WILLIAMSON	7700 FORSYTH BLVD ST. LOUIS , MO 63105 USA	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding <i>Num of</i> <i>Shares</i>
CNP		\$0.0000	200.00	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 26 Day of January, 2017 at 2:38:52 PM. 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 KELLY LETTMANN

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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