



**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

**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.** 001660300

**2. Exact Name of the Limited Liability Company** Magellan Rx Management, LLC

**3. State of Formation**

State: DE

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

81

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

SERVICES RELATED TO PHARMACY BENEFITS ADMINISTRATION

**5. Principal Office Address**

No. and Street: 2711 CENTERVILLE ROAD

City or Town: WILMINGTON

State: DE

Zip: 19808

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: MARIA AYUB Contact Title: SR. MGR, LEGAL OPERATIONS

No. and Street: 6950 COLUMBIA GATEWAY DRIVE

City or Town: COLUMBIA

State: MD

Zip: 21046

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	DANIEL N. GREGOIRE	55 NOD ROAD AVON, CT 06001 USA
MANAGER	JONATHAN N. RUBIN	55 NOD ROAD AVON, CT 06001 USA

MANAGER	BARRY M. SMITH	4800 N. SCOTTSDALE RD., STE. 4400 SCOTTSDALE, AZ 85251 USA
MANAGER	MOSTAFA KAMAL	15950 N. 76TH STREET, STE. 200 SCOTTSDALE, AZ 85260 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI  
02888

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

**Signed this 24 Day of April, 2017 at 5:47:53 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 JOHN J. DIBERNARDI, SECRETARY  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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