Office of the Secretary of State         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(d).						
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report         Pilled Ported: September 1 - November 1         In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to the ite annual report within thirty (20) days after the time presenbed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No.       000505884         2. Exact Name of the Limited Liability Company BENECARD CENTRAL FILL OF PA, LLC         3. State of Formation         State: FL         ATTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         446110         Attributed Liability Company and Nates of the Character of the Business Which is Actually Conducted in Rhode Island         MALL-ORDER PHARMACY         5. Principal Office Address         No. and Street:       S040 RITTER ROAD City or Town:       Time Sould RITTER ROAD City or Town:       Time Sould RITTER ROAD City or Town:       Time Contact Title: No. and Street:       S040 RITTER ROAD City or Town:       Time Contact Title: No. and Street:       S040 RITTER ROAD City or Town:       Time Contact Title: No. and Street:       S040 RITTER ROAD City or Town:       Time Contact Title: No. and Street:       S040 RITTER ROAD City or Town:       Time	s s			Fee: \$50.00		
Providence RI 02904-2615 (401) 222-3040         Limited Liability Company Annual Report Ping Pand: 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&6.)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No. 000505884         2. Exact Name of the Limited Liability Company BENECARD CENTRAL FILL OF PA, LLC         3. State of Formation State: FL         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         446110         A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MAIL-ORDER PHARMACY       State: PA zip: 17055 Country: USA         A failing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: Contact Title:         No. and Street: S040 RITTER ROAD City or Town: MECHANICSBURG State: PA zip: 17055 Country: USA         A tartes, Othor RITTER ROAD City or Town: MECHANICSBURG State: PA zip: 17055 Country: USA         A tartes, City or Town, State, Zip Code, Country USA         Name and Address of Each Manager of the Limited Liability Company, if Applicable. D NOT LIST MEMBERS <td></td> <td>Division Of Business</td> <td>Services</td> <td></td>		Division Of Business	Services			
(401) 222-3040         Limited Liability Company Annual Report         Principal Conduction of the Character of the limited liability company failing or refusing to field its annual report with NLG L. 7-16-66(d), each limited liability company failing or refusing to field its annual report with NLG L. 7-16-66(d), each limited liability company failing or refusing to field its annual report with NLG L. 7-16-66(d), each limited liability company failing or refusing to field its annual.         ANNUAL REPORT YEAR: 2017         1. ID No.       000505884         2. Exact Name of the Limited Liability Company BENECARD CENTRAL FILL OF PA, LLC         3. State of Formation         State: FL         ARTICLE II         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         446110         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MAIL-ORDER PHARMACY         5. Principal Office Address         No. and Street:       5040 RITTER ROAD City or Town:         Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title:       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						
Limited Liability Company Annual Report Filing Period: September 1 - November 1 In accordance with R1.6 L. 7-16-66(d), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R1.6 L. 7- 666(b&2) is subject to a parality fee of \$25.00. ANNUAL REPORT YEAR: 2017 1. ID No. 000505884 2. Exact Name of the Limited Liability Company <u>BENECARD CENTRAL FILL OF PA, LLC</u> 3. State of Formation State: FL ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here</u> , More information on <u>NAICS</u> can be found online. <u>446110</u> 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>MAIL-ORDER PHARMACY</u> 5. Principal Office Address No. and Street: <u>5040 RITTER ROAD</u> City or Town: <u>MECHANICSBURG</u> State: <u>PA</u> Zip: <u>17055</u> Country: <u>USA</u> 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: <u>Contact Title:</u> No. and Street: <u>5040 RITTER ROAD</u> City or Town: <u>MECHANICSBURG</u> State: <u>PA</u> Zip: <u>17055</u> Country: <u>USA</u> 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. <u>DO NOT LIST MEMBERS</u>						
Annual Report         Filing Period: September 1 - November 1         In accordance with RJ GL, Z. 7-16-66(d), each limited liability company failing or refusing to folle its annual report with thr(x) (20) days after the time prescribed by law (RJ.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2017         1. ID No.       000505884         2. Exact Name of the Limited Liability Company BENECARD CENTRAL FILL OF PA, LLC         3. State of Formation         State: FL         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         446110         4 Article RII         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here, More information on NAICS can be found online.         446110         4 Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MAIL-ORDER PHARMACY       5. Principal Office Address         No. and Street:       5040 RITTER ROAD City or Town:       MECHANICSBURG         City or Town:       MECHANICSBURG       State: PA       Zip: 17055       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	HOPE	(401) 222-304	10			
to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. <sup>7</sup> . 16-66(b&c)) is subject to a penalty fee of \$25.00 ANNUAL REPORT YEAR: 2017 1. ID No. 000505884 2. Exact Name of the Limited Liability Company BENECARD CENTRAL FILL OF PA, LLC 3. State of Formation State: FL ARTICLE III Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. 446110 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island MAIL-ORDER PHARMACY 5. Principal Office Address No. and Street: 5040 RITTER ROAD City or Town: MECHANICSBURG State: PA Zip: 17055 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 5040 RITTER ROAD City or Town: MECHANICSBURG State: PA Zip: 17055 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address Address, City or Town. State, Zip Code, Country	Annual Report					
1. ID No.       000505884         2. Exact Name of the Limited Liability Company BENECARD CENTRAL FILL OF PA, LLC         3. State of Formation         State: FL         ARTICLE III         Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.         446110         446110         A Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         MAIL-ORDER PHARMACY         5. Principal Office Address         No. and Street: <u>5040 RITTER ROAD</u> City or Town:       MECHANICSBURG       State: PA       zip: <u>17055</u> Country: <u>USA</u> Contact Title:         No. and Street: <u>5040 RITTER ROAD</u> City or Town:       MECHANICSBURG       State: PA       zip: <u>17055</u> Country: <u>USA</u> Contact Title:         No. and Street: <u>5040 RITTER ROAD</u> City or Town:       MECHANICSBURG       State: PA       zip: <u>17055</u> Country: <u>USA</u> Address of Each Manager of the Limited Liability Company, if Applicable.         Do NOT LIST MEMBERS       Individual Name       Address <td colsp<="" td=""><td colspan="5">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&amp;c)) is subject to a penalty fee of \$25.00.</td></td>	<td colspan="5">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&amp;c)) is subject to a penalty fee of \$25.00.</td>	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.				
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5. Principal Office Address         No. and Street:       5040 RITTER ROAD City or Town:         MECHANICSBURG       State: PA       Zip: 17055         Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       5040 RITTER ROAD Other Town:         Contact Title:       State: PA         Zip:       17055         Country:       USA         City or Town:       MECHANICSBURG         State:       PA         Zip:       17055         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, City or Town, State, Zip Code, Country	4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island					
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City or Town:       MECHANICSBURG       State: PA       Zip:       17055       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       5040 RITTER ROAD         City or Town:       MECHANICSBURG       State: PA       Zip:       17055       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	5. Principal Office Addre	SS				
City or Town:       MECHANICSBURG       State: PA       Zip: 17055       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name:       Contact Title:         No. and Street:       5040 RITTER ROAD         City or Town:       MECHANICSBURG         State:       PA         Zip:       17055         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, City or Town, State, Zip Code, Country	No. and Street: 504	O RITTER ROAD				
Contact Name:       Contact Title:         No. and Street:       5040 RITTER ROAD         City or Town:       MECHANICSBURG       State: PA       Zip: 17055       Country: USA         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			<u>A</u> Zip: <u>17055</u> Count	ry: <u>USA</u>		
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City or Town:       MECHANICSBURG       State: PA       Zip:       17055       Country:       USA         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	Contact Name: Contact	Title:				
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, City or Town, State, Zip Code, Country	No. and Street: 5040	<u>) RITTER ROAD</u>				
DO NOT LIST MEMBERS       Individual Name       Address         Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country	City or Town: MEC	CHANICSBURG State: P	<u>A</u> Zip: <u>17055</u> Coun	try: <u>USA</u>		
First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country						
	Title	Individual Name	Address			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER		First, Middle, Last, Suffix	Address, City or Town, State, Zip	Code, Country		
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER						
	8. RESIDENT AGENT IN F	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 9 Day of October, 2017 at 4:24:54 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>KENNETH DOUGLAS ULLMAN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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