



**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:** 2017

**1. ID No.** 000995253

**2. Exact Name of the Limited Liability Company** COREPHARMA, L.L.C.

**3. State of Formation**

State: NJ

**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.

325412

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

MANUFACTURING/DISTRIBUTION OF PHARMACEUTICALS

**5. Principal Office Address**

No. and Street: 215 WOOD AVE.

City or Town: MIDDLESEX

State: NJ

Zip: 08846

Country: USA

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

Contact Name: TAX DEPARTMENT Contact Title:

No. and Street: 602 OFFICE CENTER DRIVE, STE 200

City or Town: FORT WASHINGTON

State: PA Zip: 19034 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	BRYAN REASONS	215 WOOD AVE. MIDDLESEX, NJ 08846 USA
MANAGER	PAUL M. BISARO	215 WOOD AVE

MANAGER

MARK SCHLOSSBERG

MIDDLESEX, NJ 08846 USA

31047 GENSTAR ROAD  
HAYWARD, CA 94544 USA

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

INCORP SERVICES, INC. 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 October, 2017 at 4:03:16 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 BRYAN REASONS  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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