State of	of Rhode Island and Pro Office of the Secreta		Fee: \$50.00
HOPE	Division Of Business 148 W. River S Providence RI 0290 (401) 222-30	treet 04-2615	
Foreign Business Corner	otion		
Foreign Business Corpora 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 o	rs after the time prescribed by I		
ANNUAL REPORT YEAR: 2018			
<b>1. Corporate ID No.</b> <u>00054</u>	9737		
2. Name of Corporation Walls	ace Pharmaceuticals Inc.		
3. Street Address Principal Bus	siness Office:		
No. and Street: <u>781 CHEST</u> City or Town: <u>MORGANT</u>	<u>NUT RIDGE ROAD</u> ' <u>OWN</u> S	State: <u>WV</u> Zip: <u>26505</u>	Country: <u>USA</u>
4. Business Phone No.			
<u>7245141800</u>			
5. State of Incorporation			
State: <u>DE</u>			
	ARTICLE III		
Enter the six digit NAICS Code the the list of codes here. More inform			entity. Download
<u>424210</u>			
6. Brief Description of the Cha	racter of Business Conducte	d in Rhode Island	
WHOLESALER OF PRESCR	IPTION DRUGS TO CUST	OMERS IN RHODE ISL	AND
7. Names and Addresses of the	e Officers and Directors:		
All officers and directors mu	ust be listed.		
Title	Individual Name	Address	
	First, Middle, Last, Suffix	Address, City or Town, State,	
PRESIDENT	ROBERT TIGHE	781 CHESTNUT R MORGANTOWN, WV 2	

JOHN V. MIRAGLIA

781 CHESTNUT RIDGE ROAD

TREASURER/DIRECTOR

			MORGANTOWN, WV 26505 USA		
SECRETARY	THOMAS D. SALUS		CANN	1000 MYLAN BLVD INONSBURG, PA 15317 USA	
DIRECTOR	MATTHEW ERICK		781 CHESTNUT RIDGE ROAD MORGANTOWN, WV 26505 USA		-
8. Shares Authorized and Issu	ed				
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	100
<b>Signed this 19 Day of June,</b> <i>individuals signing this instru-</i> <i>signatory, under penalties of</i> <i>act and deed of the corporati</i> <i>electronic filing, in compliand</i> By <u>THOMAS D. SALUS</u>	ument constitutes th perjury, that this in on, and that the fac	e affirma strument ts stated	tion or ackn is that indiv herein are t	owledgement of idual's act and d	the
Signature of Authorized Re	presentative of the C	orporatio	n		
Signature of Authorized Re Form No. 630 Revised 09/07	presentative of the C	orporatio	n		