



**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:** 2018

**1. ID No.** 001676584

**2. Exact Name of the Limited Liability Company** ARP PHARMACEUTICAL SERVICES, LLC

**3. State of Formation**

State:

**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.

541690

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

SINGLE CONSULTANT BUSINESS FOCUSING ON THE ASSESSMENT, REMEDIATION, AND PREPARATION OF PHARMACEUTICAL QUALITY AND MANUFACTURING SYSTEMS FOR PHARMACEUTICAL COMPANIES. ASSIST PHARMACEUTICAL COMPANIES TO PASS REGULATORY INSPECTIONS.

**5. Principal Office Address**

No. and Street: 9 CANDLEBERRY ROAD

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

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

Contact Name: ROMAN MYSAK Contact Title:

No. and Street: 9 CANDLEBERRY ROAD

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

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

|              |                                                       |                                                                   |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|
| <b>Title</b> | <b>Individual Name</b><br>First, Middle, Last, Suffix | <b>Address</b><br>Address, City or Town, State, Zip Code, Country |
|--------------|-------------------------------------------------------|-------------------------------------------------------------------|

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

ROMAN MYSAK 9 CANDLEBERRY ROAD BARRINGTON , RI 02806

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

**Signed this 16 Day of August, 2018 at 8:37:05 AM 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 ROMAN MYSAK  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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