Sta	ate of Rhode Island and Providence Plantations Office of the Secretary of State	Fee: \$50.00
HORE	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
HOPE		
Limited Liability Comp Annual Report Filing Period: September 1 -		
	7-16-66(d), each limited liability company failing or refusing thirty (30) days after the time prescribed by law (R.I.G.L. 7- enalty fee of \$25.00.	
ANNUAL REPORT YEAR:	<u>2018</u>	
<b>1. ID No.</b> <u>000799132</u>		
2. Exact Name of the Lim	nited Liability Company <u>QDRX CONSULTING LLC</u>	
3. State of Formation		
State: <u>RI</u>		
-	ode that best describes the primary business conducted by the ent information on <u>NAICS</u> can be found online.	ity. Download
4. Brief Description of the	Character of the Business Which is Actually Conducted in Rh	node Island
PROFESSIONAL PHAR	MACY CONSULTING SERVICES	
5. Principal Office Address	S	
No. and Street: <u>290 F</u>	FORGE ROAD	ıtry: <u>USA</u>
No. and Street: <u>290 F</u> City or Town: <u>NOR</u>	FORGE ROAD	ntry: <u>USA</u>
No. and Street:290 F NORCity or Town:NOR6. Mailing Address of LimeContact Name:Contact Ti 290 F	FORGE ROAD   TH KINGSTOWN State: RI Zip: 02852 Count   iited Liability Company and Name or Title of Contact Person:   iitle: FORGE ROAD	
No. and Street:290 F NORCity or Town:NOR6. Mailing Address of LimeContact Name:Contact Ti 290 F	FORGE ROAD   TH KINGSTOWN State: RI Zip: 02852 Count   iited Liability Company and Name or Title of Contact Person:   iitle: FORGE ROAD	ıtry: <u>USA</u> try: <u>USA</u>
No. and Street:290 F NORCity or Town:NOR6. Mailing Address of LimeContact Name:Contact TrNo. and Street:290 F NORTCity or Town:NORT	FORGE ROAD   TH KINGSTOWN State: RI Zip: 02852 Count   inited Liability Company and Name or Title of Contact Person:   Title:   FORGE ROAD   TH KINGSTOWN State: RI Zip: 02852 Count   Each Manager of the Limited Liability Company, if Applicable	try: <u>USA</u>
No. and Street:290 F NORCity or Town:NOR6. Mailing Address of LimeContact Name:Contact Ti 290 F City or Town:7. Name and Address of E	FORGE ROAD   TH KINGSTOWN State: RI Zip: 02852 Count   inited Liability Company and Name or Title of Contact Person:   Title:   FORGE ROAD   TH KINGSTOWN State: RI Zip: 02852 Count   Each Manager of the Limited Liability Company, if Applicable	try: <u>USA</u>

## Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

## TARA C HIGGINS 290 FORGE ROAD NORTH KINGSTOWN, RI 02852

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 August, 2018 at 12:10:45 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 TARA C HIGGINS

Signature of Authorized Person

Form No. 632 Revised 09/07

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