



**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

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2019

1. Corporate ID No. 001687769

2. Name of Corporation Medication Management Systems, Inc.

3. Street Address Principal Business Office:

No. and Street: 707 SOUTH GRADY WAY
SUITE 700

City or Town: RENTON

State: WA

Zip: 98057

Country: USA

4. Business Phone No.

5. State of Incorporation

State: MN

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.

446199

6. Brief Description of the Character of Business Conducted in Rhode Island

MEDICATION THERAPY MANAGEMENT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	PETER MARSHALL GILL	9900 BREN ROAD EAST MINNETONKA, MN 55343 USA

SECRETARY	KAREN ELIZABETH PETERSON	1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173 USA
DIRECTOR	EDWARD ANDREW LAGERSTROM	MAIL ROUTE: MN102-0700 11020 OPTUM CIRCLE EDEN PRAIRIE, MN 55344 USA
DIRECTOR	MARK JAMES PETERSON	707 SOUTH GRADY WAY SUITE 700 RENTON, WA 98057 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	50,000,000.00	0
PWP		\$0.0100	10,000,000.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 28 Day of January, 2019 at 1:54:37 PM. *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KELLY LETTMANN

Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

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