State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2018

Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

FILED
MAY 28 2019
BY 101705

1. Entity ID Number	2. Exact name of the Limited Liability Company
001678530	**New England Medicinals,LLC**
3. NAICS Code **325411**	4. Brief description of the character of business conducted in Rhode Island **Medicinal product manufacturer**
5. State of Formation **RHODE ISLAND**	

6. Principal Office Address	City	State	Zip
94 CHAMBLY AVE	**WARWICK**	**RI**	**02888**

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name	Contact Title		
MICHAEL P ROSE	**VP**		
Street Address **45 NORWOOD AVE**	City **MILFORD**	State **CT**	Zip **06460**

8. List **ALL** managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

Check the box to indicate an attachment ☐

9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Person	Date
MICHAEL P ROSE	**5/22/2019**

Signature of Authorized Person — SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
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