



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

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SECRETARY OF STATE  
CORPORATIONS DIV  
2019 JUL -9 AM 11:55

**Application for Registration**  
FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:		
<b>Value Specialty Pharmacy, LLC</b>		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
The name, if different, under which it proposes to register and transact business in Rhode Island is:		
2. The LLC is organized under the laws of: <b>Pennsylvania</b>		
3. The date of its organization is: <b>01/28/2011</b>		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name <b>Corporation Service Company</b>		
Street Address (NOT a P.O. Box) <b>222 Jefferson Boulevard, Suite 200</b>		
City/Town <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip Code <b>02888</b>
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
<b>Specialty prescription to be shipped into the state for respective patients.</b>		
Check the box to indicate an attachment <input type="checkbox"/>		

MAIL TO:  
Division of Business Services  
148 W. River Street, Providence, Rhode Island 02904-2615  
Phone: (401) 222-3040  
Website: www.sos.ri.gov

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

1333 Plank Road, Suite 200, Duncansville, PA 16635

8. The mailing address for the limited liability company is:

1333 Plank Road, Suite 200, Duncansville, PA 16635

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☐ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☒ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
Natalie Ryan	1333 Plank Road Ste 200, Duncansville, PA 16635

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of LLC

Value Specialty Pharmacy, LLC

Date

6/18/19

Signature of Authorized Person

SIGN DOCUMENT HERE

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

07/03/2019

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

Value Specialty Pharmacy, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

*Kathly Bookman*

Acting Secretary of the Commonwealth

Certification Number: TSC190703120893-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>



State of Rhode Island and Providence Plantations  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island  
and Providence Plantations, hereby certify that this document, duly executed in  
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as  
amended, has been filed in this office on this day:

July 09, 2019 11:55 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

