s s	tate of Rhode Island and Prov Office of the Secretar		Fee: \$50.00
	Division Of Business S 148 W. River Str Providence RI 02904	eet	
HOPE	(401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability compa in thirty (30) days after the time prescri penalty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2019</u>		
1. ID No. <u>000516999</u>	<u>}</u>		
2. Exact Name of the Li	mited Liability Company WARNE	R CHILCOTT SALES	(US), LLC
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
-	Code that best describes the primary b e information on <u>NAICS</u> can be found o		e entity. Download
<u>325412</u>			
4. Brief Description of th	e Character of the Business Which	is Actually Conducted i	n Rhode Island
SELL, MARKET AND	DISTRIBUTE PHARMACEUTICA	L PRODUCTS	
	DISTRIBUTETHARMACEUTICA	EIRODUCID	
5. Principal Office Addre			
No. and Street: <u>5 G</u>			Country: <u>USA</u>
No. and Street: <u>5 G</u> City or Town: <u>MA</u>	ss IRALDA FARMS	<u>I</u> Zip: <u>07940</u> C	•
No. and Street:5 GCity or Town:MA6. Mailing Address of LinContact Name:ContactNo. and Street:5 GI	ss <u>IRALDA FARMS</u> <u>ADISON</u> State: <u>N.</u> mited Liability Company and Name Title: <u>RALDA FARMS</u>	I Zip: <u>07940</u> C or Title of Contact Pers	son:
No. and Street:5 GCity or Town:MA6. Mailing Address of LirContact Name:ContactNo. and Street:5 GICity or Town:MAE	ss <u>IRALDA FARMS</u> <u>ADISON</u> State: <u>N.</u> mited Liability Company and Name Title: <u>RALDA FARMS</u> <u>DISON</u> State: <u>N.</u>	<u>I</u> Zip: <u>07940</u> C or Title of Contact Pers Zip: <u>07940</u> C	ountry: <u>USA</u>
No. and Street:5 GCity or Town:MA6. Mailing Address of LirContact Name:ContactNo. and Street:5 GICity or Town:MAE	ss IRALDA FARMS DISON State: N. Title: RALDA FARMS DISON Each Manager of the Limited Liabi	<u>I</u> Zip: <u>07940</u> C or Title of Contact Pers Zip: <u>07940</u> C	ountry: <u>USA</u>
No. and Street:5 GCity or Town:MA6. Mailing Address of LinContact Name:ContactNo. and Street:5 GICity or Town:MAE7. Name and Address of	ss IRALDA FARMS DISON State: N. Title: RALDA FARMS DISON Each Manager of the Limited Liabi	<u>I</u> Zip: <u>07940</u> C or Title of Contact Pers Zip: <u>07940</u> C	ountry: <u>USA</u> able.

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

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

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

**Signed this 4 Day of October, 2019 at 2:18:58 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 <u>A. ROBERT D. BAILEY</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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