Office of the Secretary of State Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 Division Of Business Services Imited Liability Company Annual Report Filing Period: September 1 - November 1 Naccordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing tile its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7- 16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 000694739 2. Exact Name of the Limited Liability Company MEDICAL SECURITY CARD COMPANY, LLC 3. State of Formation State: DE ARTICLE III					
148 W. River Street Providence RI 02904-2615 (401) 222-3040 Limited Liability Company Annual Report Piling Period: September 1 - November 1 In accordance with R1.6 L. 7-16-66(d), each limited liability company failing or refusing to file its annual report with with (20) degas dire the time prescribed by law (R.I.G.L. 7-16-66(d), edge) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2019 1. ID No. 0006694739 2. Exact Name of the Limited Liability Company MEDICAL SECURITY CARD COMPANY, LLG 3. State of Formation State: DE 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. 541519 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island PHARMACY DISCOUNT CARD PROVIDER 5. Principal Office Address No. and Street: 4911 E. BROADWAY: STE 100 City or Town: TUCSON State: AZ Zip: 85711 Contact Title: No and Street: 4911 E. BROADWAY: STE 100 City or Town: TUCSON State: AZ Zip: 85711	s s			IS Fee: \$50.00	
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First, Middle, Last, Suffix Address, City or Town, State, Zip Code, Country	Title	Individual Name	Addre	ess	
		First, Middle, Last, Suffix	Address, City or Town, St	ate, Zip Code, Country	

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER 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 6:10:01 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>KELLY LETTMANN</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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