



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

RECEIVED  
 R.I. DEPT. OF STATE  
 BUS SVCS DIV

2020 FEB 27 A 10:12

**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.

1. Entity ID Number <b>001678276</b>		2. Exact name of the Limited Liability Company <b>Concordance Healthcare Solutions LLC</b>			
3. NAICS Code <b>999999</b>		4. Brief description of the character of business conducted in Rhode Island <b>Wholesale drug distribution</b>			
5. State of Formation <b>Delaware</b>					
6. Principal Office Address <b>85 Shaffer Park Drive</b>		City <b>Tiffin</b>	State <b>OH</b>	Zip <b>44883</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Melvin B. Archie III</b>			Contact Title <b>Compliance Administrator</b>		
Street Address <b>13400 Lakefront Drive</b>		City <b>Earth City</b>	State <b>MO</b>	Zip <b>63045</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name <b>Lisa Hohman</b>		Manager Name <b>Todd Howell</b>			
Street Address <b>85 Shaffer Park Drive</b>		Street Address <b>85 Shaffer Park Drive</b>			
City <b>Tiffin</b>	State <b>OH</b>	Zip <b>44883</b>	City <b>Tiffin</b>	State <b>OH</b>	Zip <b>44883</b>
Manager Name <b>Keith Price</b>		Manager Name <b>Jaysen Stevenson</b>			
Street Address <b>85 Shaffer Park Drive</b>		Street Address <b>3901 West 34th Street North</b>			
City <b>Tiffin</b>	State <b>OH</b>	Zip <b>44883</b>	City <b>Sioux Falls</b>	State <b>SD</b>	Zip <b>57107</b>
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person <b>Melvin B. Archie III</b>				Date <b>2/25/2020</b>	
Signature of Authorized Person 					

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

**FILED**

FEB 27 2020

**21836**  
**A.A. 10:13 A.M.**