	State of Rhode I Office of the Secretar		Fee: \$50.00
	Division Of Business 148 W. River Str		
HOPE	Providence RI 02904 (401) 222-304		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability compan hirty (30) days after the time prescribed ty fee of \$25.00.		
ANNUAL REPORT YEAR:	<u>2020</u>		
1. ID No. <u>000798518</u>	3		
2. Exact Name of the Li	mited Liability Company Bausch He	alth US, LLC	
3. State of Formation			
State: <u>DE</u>			
	ARTICLE III		
	Code that best describes the primary bu ormation on <u>NAICS</u> can be found online		/. Download the
225410			
<u>325410</u>			
	e Character of the Business Which is	Actually Conducted in Rho	de Island
4. Brief Description of the	e Character of the Business Which is	-	ode Island
4. Brief Description of the	AND OTC SALES AND MANUFAC	-	ode Island
4. Brief Description of the <u>PHARMACEUTICAL A</u> 5. Principal Office Addres	AND OTC SALES AND MANUFAC ss 1ERSET CORPORATE BOULEVA	CTURING	
4. Brief Description of the <u>PHARMACEUTICAL A</u> 5. Principal Office Address No. and Street: <u>400 SOM</u> City or Town: <u>BRIDGE</u>	AND OTC SALES AND MANUFAC ss 1ERSET CORPORATE BOULEVA	<u>CTURING</u> <u>RD</u> State: <u>NJ</u> Zip: <u>0880</u>	
4. Brief Description of the <u>PHARMACEUTICAL A</u> 5. Principal Office Address No. and Street: <u>400 SOM</u> City or Town: <u>BRIDGE</u> 6. Mailing Address of Line Contact Name: Contact	AND OTC SALES AND MANUFAG ss IERSET CORPORATE BOULEVA WATER nited Liability Company and Name o Title: IERSET CORPORATE BOULE\	<u>CTURING</u> <u>RD</u> State: <u>NJ</u> Zip: <u>0880</u> r Title of Contact Person:	7 Country: <u>USA</u>
4. Brief Description of the <u>PHARMACEUTICAL A 5. Principal Office Addres No. and Street: 400 SOM City or Town: BRIDGE 6. Mailing Address of Lin Contact Name: Contact No. and Street: 400 SOM City or Town: BRIDGE </u>	AND OTC SALES AND MANUFAG	<u>ETURING</u> State: <u>NJ</u> Zip: <u>0880</u> r Title of Contact Person: <u>(ARD</u> State: <u>NJ</u> Zip: <u>0880</u>	7 Country: <u>USA</u>
4. Brief Description of the PHARMACEUTICAL A 5. Principal Office Address No. and Street: 400 SOM City or Town: BRIDGE 6. Mailing Address of Line Contact Name: Contact No. and Street: 400 SOM City or Town: BRIDGE 7. Name and Address of	AND OTC SALES AND MANUFAG	<u>ETURING</u> State: <u>NJ</u> Zip: <u>0880</u> r Title of Contact Person: <u>(ARD</u> State: <u>NJ</u> Zip: <u>0880</u>	<u>7</u> Country: <u>USA</u> 07Country: <u>USA</u>

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

UNITED AGENT GROUP INC. 10 DORRANCE STREET, SUITE 700 PROVIDENCE, RI 02903

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

Signed this 21 Day of October, 2020 at 3:39:30 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 JON-MICHAEL SANCHEZ, SPECIAL MANAGER

Signature of Authorized Person

Form No. 632 Revised 09/07

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