	State of Rhode Office of the Secreta		Fee: \$50.00
	Division Of Business 148 W. River S		
HOPE	Providence RI 0290 (401) 222-30		
Limited Liability Com Annual Report Filing Period: September 1			
	7-16-66(d), each limited liability com n thirty (30) days after the time presc penalty fee of \$25.00.		-
ANNUAL REPORT YEAR: 2020			
1. ID No. <u>001335320</u>			
2. Exact Name of the Limited Liability Company <u>HOMESCRIPTS.COM, LLC</u>			
3. State of Formation			
State: <u>MI</u>			
ARTICLE III			
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.			
<u>446110</u>			
4. Brief Description of the	e Character of the Business Which	is Actually Conducte	ed in Rhode Island
MAIL ORDER PHARM	<u>ACY</u>		
5. Principal Office Addres	SS		
	FORSYTH BLVD.LOUISState:	<u>MO</u> Zip: <u>63105</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
Contact Name: Contact Title: No. and Street: <u>7700 FORSYTH BLVD.</u>			
No. and Street: 7700 City or Town: ST. L		<u>MO</u> Zip: <u>63105</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name First, Middle, Last, Suffix	Add Address, City or Town, S	
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 30 Day of October, 2020 at 1:20:44 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 TRICIA DINKELMAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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