



**State of Rhode Island
Office of the Secretary of State**

No Fee

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Limited Liability Company
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

This form is only to be used to amend the current annual report on file with this office.

ANNUAL REPORT YEAR: 2020

1. ID No. 000125199

2. Exact Name of the Limited Liability Company BIOSCRIP INFUSION SERVICES, LLC.

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.

446110

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INFUSION THERAPY PHARMACY

5. Principal Office Address

No. and Street: 3000 LAKESIDE DRIVE
SUITE 300N

City or Town: BANNOCKBURN State: IL Zip: 60015-5405 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: Contact Title:
No. and Street: 3000 LAKESIDE DRIVE
SUITE 300N

City or Town: BANNOCKBURN State: IL Zip: 60015-5405 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	MICHAEL SHAPIRO	3000 LAKESIDE DRIVE SUITE 300N BANNOCKBURN, IL 60015-5405 USA

MANAGER

CLIFFORD BERMAN

3000 LAKESIDE DR., SUITE 300N
BANNOCKBURN, IL 60015 US

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

COGENCY GLOBAL INC. 222 JEFFERSON BOULEVARD WARWICK , RI 02888

Signed this 8 Day of January, 2021 at 1:43:57 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 MICHAEL SHAPIRO
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2021 State of Rhode Island
All Rights Reserved