



**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 Business Corp  
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:** 2021

**1. Corporate ID No.** 001683519

**2. Name of Corporation** SterlingRx, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 905 N. MAIN STREET  
City or Town: AUSTIN State: MN Zip: 55912 Country: USA

**5. State of Incorporation**

State: MN

**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.

454110

**6. Brief Description of the Character of Business Conducted in Rhode Island**

SPECIALTY PHARMACY

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TY HEUER	905 N. MAIN ST AUSTIN, MN 55912 US
TREASURER	RANDY SHINDELAR	905 N MAIN ST AUSTIN, MN 55912 US
DIRECTOR	CHRISTOPHER ASTRUP	905 N MAIN ST AUSTIN, MN 55912 US
DIRECTOR	DANIEL ASTRUP	905 N MAIN ST AUSTIN, MN 55912 US

DIRECTOR	MR MICHAEL B ASTRUP	905 N MAIN ST AUSTIN, MN 55912 US
DIRECTOR	JESSICA EHRET	905 N MAIN ST AUSTIN, MN 55912 US

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK	VOT	\$0.1000	1,000,000.00	1000000
STK	NON-V	\$0.1000	3,000,000.00	3000000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 25 Day of February, 2021 at 6:15:33 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By RANDY SHINDELAR  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

February 25, 2021 06:15 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

