



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

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2021 MAY 21 P 1:19

Annual Report for the year: 2020
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 001701499		2. Exact name of the Limited Liability Company Diplomat Specialty Pharmacy of Phoenix, LLC			
3. NAICS Code 999999		4. Brief description of the character of business conducted in Rhode Island Pharmacy			
5. State of Formation Michigan					
6. Principal Office Address 485 N. Juniper Drive		City Chandler	State AZ	Zip 85226	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Sandy Morgan		Contact Title Legal Services Specialist			
Street Address 9900 Bren Road East		City Minnetonka	State MN	Zip 55343	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
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.					
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.					
Name of Authorized Person Heather A. Lang, Assistant Secretary				Date 05/20/2021	
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

MAY 21 2021

SY-P-PO42G3
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 FORM 832 - Revised: 10/2017