



State of Rhode Island
Department of State - Business Services Division

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 BUS SVCS DIV.
 2021 SEP -2 P 12:15

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 000151523		2. Exact name of the Limited Liability Company Magellan Method, LLC			
3. NAICS Code 524292		4. Brief description of the character of business conducted in Rhode Island Services related to the provision of pharmacy benefits management			
5. State of Formation Rhode Island					
6. Principal Office Address 88 Silva Lane, Ste 110		City Middletown	State RI	Zip 02842	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Maria Ayub			Contact Title Senior Manager, Legal Ops		
Street Address 8621 Robert Fulton Drive		City Columbia	State MD	Zip 21046	
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. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person Margie M. SMith			Date 8/31/21		
Signature of Authorized Person <i>Margie M. Smith</i>					

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

SEP 02 2021

BY *[Signature]*

FORM 632-BUSVTS 16.0