



State of Rhode Island

Department of State - Business Services Division

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.

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BUS SVCS DIV
2021 SEP - 2 P 12:15

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.					
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 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