



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

**Fee: \$50.00**

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

**Limited Liability Company**

**Annual Report**

*Filing Period: September 1 - November 1*

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR: 2021**

**1. ID No. 001695621**

**2. Exact Name of the Limited Liability Company InnovaHealth LLC**

**3. State of Formation**

State: PA

**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**

**MAIL ORDER PHARMACY**

**5. Principal Office Address**

No. and Street: 641 KOLTER DRIVE

City or Town: INDIANA

State: PA Zip: 15701 Country: USA

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

Contact Name: Contact Title:

No. and Street: 645 KOLTER DRIVE

City or Town: INDIANA

State: PA Zip: 15701 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.**

**DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	JOAN R ZILNER	2254 LAZOR ST INDIANA, PA 15701 USA
MANAGER	GILBERT J ZILNER	2254 LAZOR ST

		INDIANA, PA 15701 USA
MANAGER	MARK J. ZILNER	531 EDGEWOOD AVENUE INDIANA, PA 15701 USA
MANAGER	JENNIFER PITTORE	645 KOLTER DRIVE INDIANA, PA 15701 USA

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

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK, RI  
02888

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 23 Day of September, 2021 at 3:39:03 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 JOAN R ZILNER  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2021 State of Rhode Island  
All Rights Reserved