



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. 001670294

2. Exact Name of the Limited Liability Company OptumRx PBM of Maryland, LLC

3. State of Formation

State: NV

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

PHARMACY BENEFIT MANAGEMENT SERVICES.

5. Principal Office Address

No. and Street: 1600 MCCONNOR PARKWAY

City or Town: SCHAUMBURG

State: IL Zip: 60173 Country: USA

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

Contact Name: Contact Title:

No. and Street: 1600 MCCONNOR PARKWAY

City or Town: SCHAUMBURG

State: IL Zip: 60173 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	KAREN ELIZABETH BOHMER	1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173 USA
MANAGER	HEATHER RACHE CIANFROCCO	1600 MCCONNOR PARKWAY

		SCHAUMBURG, IL 60173 USA
MANAGER	HEATHER ANASTASIA LANG	1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173 USA
MANAGER	DAVID JOHN OBERG	1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173 USA
MANAGER	PETER MARSHALL GILL	1600 MCCONNOR PARKWAY SCHAUMBURG, IL 60173 USA

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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

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

Signed this 30 Day of September, 2021 at 6:31:25 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 KELLY LETTMANN
Signature of Authorized Person

Form No. 632
Revised 09/07

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