	State of Rhode Island Office of the Secretary of State	Fee: \$50.00
1636	Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	
L imited Liability Cor Annual Report Filing Period: February		
refusing to file its annua	G.L. 7-16-66(d), each limited liability company failing or al report within thirty (30) days after the time prescribed by &c)) is subject to a penalty fee of \$25.00.	
ANNUAL REPORT YEA	AR: <u>2023</u>	
1. ID No. <u>0017341</u> ;	52	
2. Exact Name of the	Limited Liability Company CivicaScript, LLC	
3. State of Formation		
State: <u>DE</u>		
	ARTICLE III	
•	CS Code that best describes the primary business conducted by odes <u>here.</u> More information on <u>NAICS</u> can be found online.	/ the entity.
<u>325412</u>		
4. Brief Description of	f the Character of the Business Which is Actually Conducted	l in Rhode Island
NOT FOR PROFIT, 1	NON-STOCK OUTPATIENT DRUG MANUFACTURER	<u></u>
5. Principal Office Ad	dress	
	THE GREEN, SUITE ROVERState: DEZip: 19901	Country: <u>USA</u>
6. Mailing Address of	Limited Liability Company and Name or Title of Contact Pers	son:
Contact Name: Conta No. and Street: <u>2912 V</u> City or Town: <u>LEHI</u>	W EXECUTIVE PARKWAY, SUITE 300	043Country: USA
	N RHODE ISLAND - DO NOT ALTER ling of Form 642 - R.I.G.L. 7-16-11	

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

Signed this 19 Day of April, 2023 at 12:12:24 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 GINA GUINASSO

Signature of Authorized Person

Form No. 632 Revised 09/07

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