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: February 1 - May 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 - ENTER THE <u>CURRENT</u> FILING YEAR <b>2023</b> : <u>2023</u>	
1. ID No. <u>001743512</u>	
2. Exact Name of the Limited Liability Company <u>Glendale Pharmacy LLC</u>	
3. State of Formation	
State: <u>TX</u>	
ARTICLE III	
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.	
<u>456110</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
RETAIL PHARMACY	
5. Principal Office Address	
No. and Street: 4203 GARDENDALE STREET	
SUITE 223CCity or Town:SAN ANTONIOState:TXZip:78229Cou	ntry: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title:	
No. and Street: <u>4203 GARDENDALE STREET</u> SUITE 223C	
City or Town: SAN ANTONIO State: TX Zip: 78229 Cou	untry: <u>USA</u>

## 7. 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

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

**Signed this 27 Day of April, 2023 at 3:21:55 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 CHRIS A. SCHWAB

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2023 State of Rhode Island All Rights Reserved