R		Rhode Island Secretary of S	State	Fee: \$50.00
	Division Of	Business Servic	es	
	148 W	. River Street		
	Providenc	e RI 02904-2615	5	
1636	(401	) 222-3040		
Limited Liabilit Annual Report Filing Period: Fel				
			<b>.</b>	
refusing to file its	ith R.I.G.L. 7-16-66(d), each limite s annual report within thirty (30) d 6-66(b&c)) is subject to a penalty	ays after the time		/
ANNUAL REPO	RT YEAR - ENTER THE CURRENT	YEAR <b>2024</b> : <u>2</u>	024	
1. ID No. <u>00</u>	1704731			
2. Exact Name	of the Limited Liability Company	Merz Pharmace	euticals, LLC	
3. State of Forr	nation			
State: <u>NC</u>				
	NAIC	S CODE		
, v	it NAICS Code that best describes st of codes <u>here.</u> More information			
<u>325412</u>				
4. Brief Descrip Island	tion of the Character of the Busi	ness Which is A	ctually Condu	cted in Rhode
WHOLESALE	DRUG DISTRIBUTION			
5. Principal Off	ice Address			
No. and Street:	<u>6601 SIX FORKS ROAD</u> SUITE 430			
City or Town:	RALEIGH	State: <u>NC</u>	Zip: <u>27615</u>	Country: <u>USA</u>
6. Mailing Addro	ess of Limited Liability Company	and Name or Tit	tle of Contact	Person:
6. Mailing Addro Contact Name: No. and Street:		and Name or Ti	tle of Contact	Person:

## 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 23 Day of April, 2024 at 4:24:07 AM 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 CHAD DUNCAN

Signature of Authorized Person

Form No. 632 Revised 09/07

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