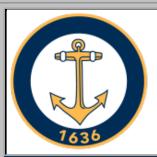
RI SOS Filing Number: 202452194580 Date: 4/23/2024 3:21:00 PM



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

Foreign Business Corporation Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR **2024**: 2024

- 1. Corporate ID No. 001747451
- 2. Name of Corporation Crescent Healthcare, Inc.
- 3. Street Address Principal Business Office:

No. and Street: 3000 LAKESIDE DRIVE, SUITE 300N

City or Town: BANNOCKBURN State: IL Zip: 60015 Country: USA

- 4. Business Phone No.
- 5. State of Incorporation

State: CA

NAICS CODE

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.

446110

6. Brief Description of the Character of Business Conducted in Rhode Island

HOME INFUSION PHARMACY

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name	Address		
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country		

PRESIDENT	MICHAEL SHAPIRO	3000 LAKESIDE DRIVE, SUITE 300N BANNOCKBURN, IL 60015 USA	
TREASURER	MICHAEL SHAPIRO	SUITE 300N 3000 LAKESIDE DRIVE BANNOCKBURN, IL 60015 USA	
SECRETARY	COLLIN SMYSER	SUITE 300N 3000 LAKESIDE DRIVE BANNOCKBURN, IL 60015 USA	
DIRECTOR	MICHAEL SHAPIRO	SUITE 300N 3000 LAKESIDE DRIVE BANNOCKBURN, IL 60015 USA	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CWP		\$0.0100	50,000.00	50000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 23 Day of April, 2024 at 3:22:13 PM. 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By COLLIN SMYSER

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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