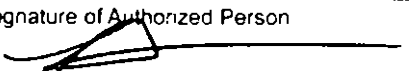


State of Rhode Island  
Department of State - Business Services DivisionAnnual Report for the year: 2024  
Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>001756984</b>	2. Exact name of the Limited Liability Company <b>Polaris Specialty Pharmacy, LLC</b>		
3. NAICS Code <b>456110</b>	4. Brief description of the character of business conducted in Rhode Island <b>Pharmacy services</b>		
5. State of Formation <b>CA</b>			
6. Principal Office Address <b>2900 NW 60th Street</b>		City <b>Fort Lauderdale</b>	State <b>FL</b>
		Zip <b>33309</b>	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name <b>Ivor Stewart</b>		Contact Title <b>Corporate Controller</b>	
Street Address <b>2900 NW 60th Street</b>		City <b>Fort Lauderdale</b>	State <b>FL</b>
		Zip <b>33309</b>	
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642			
9. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Person <b>Ivor Stewart</b>		Date <b>10/24/2024</b>	
Signature of Authorized Person 			

FILED

OCT 28 2024

BY W5HCT

AA-2:12pm

## MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

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