	Rhode IslandFee: \$50.00Secretary of State
Division Of	Business Services
148 W	. River Street
Providenc	e RI 02904-2615
1636 (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 CURRENT YEAR 2025: 2025	
1. ID No. <u>001765343</u>	
2. Exact Name of the Limited Liability Company CPS Solutions, LLC	
3. State of Formation	
State: <u>DE</u>	
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.	
<u>551100</u>	
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island	
PHARMACY MANAGEMENT	
5. Principal Office Address	
No. and Street: <u>655 METRO PLACE SOUT</u> SUITE 450	<u>H</u>
City or Town: <u>DUBLIN</u>	State: <u>OH</u> Zip: <u>43017</u> Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:	
Contact Name: Contact Title:	
No. and Street: 655 METRO PLACE SOUT	<u>1</u>
SUITE 450 City or Town: DUBLIN	State: OH Zin: 42017 Country: USA
City or Town: <u>DUBLIN</u>	State: <u>OH</u> Zip: <u>43017</u> Country: <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

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

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

Signed this 3 Day of April, 2025 at 6:07:00 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 STEFANIE WAGNER

Signature of Authorized Person

Form No. 632 Revised 09/07

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