	State of Rhode Island	Fee: \$50.00
	Office of the Secretary of State	1 00, 400,00
	Division Of Business Services	
	148 W. River Street	
1426	Providence RI 02904-2615	
(401) 222-3040		
Limited Liability Company Annual Report		
Filing Period: Febru	iary 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>001748134</u>		
2. Exact Name of the Limited Liability Company <u>SEVEN HILLS PHARMACY LLC</u>		
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>446110</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
MAIL ORDER PHARMACY		
5. Principal Office Address		
No. and Street:	3121 DIABLO AVE.	
City or Town:	<u>HAYWARD</u> State: <u>CA</u> Zip: <u>94</u>	4545 Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: Co		
No. and Street:	<u>3121 DIABLO AVE.</u> HAVWARD State: CA Zin: 9/	1545 Country LICA
City or Town:	HAYWARD State: <u>CA</u> Zip: <u>94</u>	<u>I545</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		
CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI		

<u>02888</u>

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 8:33:00 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 PAUL GREENALL

Signature of Authorized Person

Form No. 632 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved