State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2025
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	2 Exact name of the Limited Liability Company		
001707337	McKessen RI, LLC		
3 NAICS Code 531390	4 Brief description of the character of business conducted in Rhode Island Any lawful business, unless a more limited purpose is adopted by amendment to the Articles of Organization and/or the operating agreement.		
5 State of Formation RI			
6 Principal Office Address 4 Clinton Square	City Syracuse	State NY	Zip 13202
7 Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Thomas Graham	Contact Title Authorized Person		
Street Address c/o Pyramid, 4 Clinton Square	City Syracuse	State NY	Zip 13202
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 Thomas Graham		Date 4/23/2025	
Signature of Authorized Person Thomas Graham			

MAIL TO:
Division of Business Services
148 W River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
APR 24 2025
BY 21870

FORM 632 - Revised 12/2023