



State of Rhode Island  
Department of State - Business Services Division

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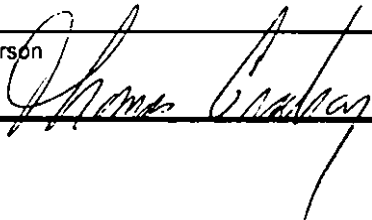
Annual Report for the year: 2025

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<br><b>001707337</b>                                                                                                                                                                        |  | 2 Exact name of the Limited Liability Company<br><b>McKessen RI, LLC</b>                                                                                                                                                        |                          |
| 3 NAICS Code<br><b>531390</b>                                                                                                                                                                                 |  | 4 Brief description of the character of business conducted in Rhode Island<br><b>Any lawful business, unless a more limited purpose is adopted by amendment to the Articles of Organization and/or the operating agreement.</b> |                          |
| 5 State of Formation<br><b>RI</b>                                                                                                                                                                             |  |                                                                                                                                                                                                                                 |                          |
| 6. Principal Office Address<br><b>4 Clinton Square</b>                                                                                                                                                        |  | City<br><b>Syracuse</b>                                                                                                                                                                                                         | State<br><b>NY</b>       |
|                                                                                                                                                                                                               |  | Zip<br><b>13202</b>                                                                                                                                                                                                             |                          |
| 7 Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                            |  |                                                                                                                                                                                                                                 |                          |
| Contact Name<br><b>Thomas Graham</b>                                                                                                                                                                          |  | Contact Title<br><b>Authorized Person</b>                                                                                                                                                                                       |                          |
| Street Address<br><b>c/o Pyramid, 4 Clinton Square</b>                                                                                                                                                        |  | City<br><b>Syracuse</b>                                                                                                                                                                                                         | State<br><b>NY</b>       |
|                                                                                                                                                                                                               |  | Zip<br><b>13202</b>                                                                                                                                                                                                             |                          |
| 8 The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642                                                                             |  |                                                                                                                                                                                                                                 |                          |
| 9 <i>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.</i> |  |                                                                                                                                                                                                                                 |                          |
| Name of Authorized Person<br><b>Thomas Graham</b>                                                                                                                                                             |  |                                                                                                                                                                                                                                 | Date<br><b>4/23/2025</b> |
| Signature of Authorized Person<br>                                                                                         |  |                                                                                                                                                                                                                                 |                          |

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: [www.sos.ri.gov](http://www.sos.ri.gov)

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BY

FORM 632 - Revised 12/2023