



State of Rhode Island
Department of State - Business Services Division

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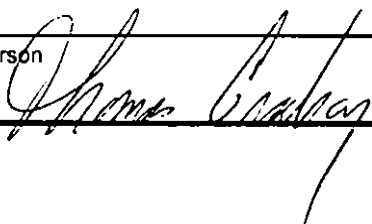
Annual Report for the year: 2025

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 001707337		2 Exact name of the Limited Liability Company 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 					

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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FORM 632 - Revised 12/2023