



State of Rhode Island

## Department of State - Business Services Division

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**Annual Report for the year: 2025**  
**Limited Liability Company**

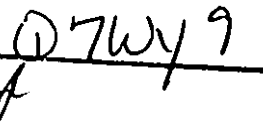
- Filing period: February 1 - May 1  
 → Filing Fee: \$50.00  
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

|                                                                                                                                                                                                             |  |                                                                                                     |                |              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------|----------------|--------------|
| 1. Entity ID Number<br>001665999                                                                                                                                                                            |  | 2. Exact name of the Limited Liability Company<br>ASTHENIS, LLC                                     |                |              |
| 3. NAICS Code<br>446110                                                                                                                                                                                     |  | 4. Brief description of the character of business conducted in Rhode Island<br>INDEPENDENT PHARMACY |                |              |
| 5. State of Formation<br>RI                                                                                                                                                                                 |  |                                                                                                     |                |              |
| 6. Principal Office Address<br>206 CRANSTON STREET                                                                                                                                                          |  | City<br>PROVIDENCE                                                                                  | State<br>RI    | Zip<br>02907 |
| 7. Mailing Address of Limited Liability Company and Name or Title of Contact Person                                                                                                                         |  |                                                                                                     |                |              |
| Contact Name<br>EUGENIO FERNANDEZ                                                                                                                                                                           |  | Contact Title<br>MEMBER                                                                             |                |              |
| Street Address<br>206 CRANSTON STREET                                                                                                                                                                       |  | City<br>PROVIDENCE                                                                                  | State<br>RI    | Zip<br>02907 |
| 8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.                                                                         |  |                                                                                                     |                |              |
| <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>EUGENIO FERNANDEZ                                                                                                                                                              |  |                                                                                                     | Date<br>3/7/25 |              |
| Signature of Authorized Person<br>                                                                                       |  |                                                                                                     |                |              |

FILED

APR 24 2025

BY



## MAIL TO:

Division of Business Services

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