

Filing Fee: \$50.00

ID Number: 506713



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State
Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615

FILED

DEC 05 2011

LIMITED LIABILITY COMPANY

AMENDMENT TO
APPLICATION FOR REGISTRATION

BY MD 12-24
29-157956

Pursuant to the provisions of Section 7-16-52 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby **(check one box only)** ☐ corrects **or** ☒ amends its Application for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

1. The name of the limited liability company is:

CVS 75867 RI, L.L.C.

2. The statements in the application for registration were inaccurate when made or a change has occurred as follows:
The name of the limited liability is hereby changed to "AIN11RI Cranston LLC".

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SECRETARY OF STATE
CORPORATIONS DIV
2011 DEC -5 PM 12:24

Under penalty of perjury, I declare and affirm that I have examined this Amendment to Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: 11-18-11

CVS 75867 RI, L.L.C.

Print Exact Name of Limited Liability Company Making Application

By

[Signature]

Signature of authorized person

Melanie K. Luker, Authorized Person

FILED

DEC 05 2011

Form No. 451
Revised: 07/07

RI089 - 07/31/2007 C T System Online

BY MD 12-24
29-157956



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A handwritten signature in black ink that reads "A. Ralph Mollis".

A. RALPH MOLLIS

Secretary of State

