Filing Fee: \$50,00

ID Number: 16354)



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

FICTITIOUS BUSINESS NAME STATEMENT

an	rsuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, and the undersigned business corporation, limited liability company, or limited partnership hereby submits the lowing statement for authority to transact business in the state of Rhode Island under a fictitious business name:
1.	The legal name of the applicant business corporation, limited liability company or limited partnership is:
2.	The fictitious business name to be used is CVS/specialty # 2293
3.	The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island
4.	The date of incorporation, organization or formation is 4/30/2007
5.	If a business corporation, the address of its registered office within Rhode Island is N/A
6.	If a business corporation, the business in which it is engaged N/A

7. Applicant is atherwise outlood.	d to do business in the state of Phode Island
7. Applicant is otherwise authorized	d to do business in the state of Rhode Island.
	Under penalty of perjury, I declare that the information contained herein is true and correct.
Date: 2/10/2015	ProCare Pharmacy, L.L.C.
Date.	Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	Signature of Authorized Officer of the Corporation

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erson for the Limited Liability Company

Signature of Authorized Person for the Limited Partnership

Form No. 624 Revised: 12/05 I, NELLIE M. GORBEA, 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:

Nellie M. Gorbea
Secretary of State

Tullin U. Horler

