

Filing Fee: \$50.00

ID Number: _____



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

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SECRETARY OF STATE
CORPORATIONS DIV
2015 JUN 24 PM 4:04

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island, 1956, as amended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the following 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:
CZ SERVICES, INC.
2. The fictitious business name to be used is **CZ SERVICES OF DELAWARE, INC.**
3. The state or territory under the laws of which it is incorporated, organized or formed is **DELAWARE**
4. The date of incorporation, organization or formation is **10/09/2014**
5. If a business corporation, the address of its registered office within Rhode Island is _____
450 Veterans Memorial Parkway, Suite 7A, East Providence, RI 02914
6. If a business corporation, the business in which it is engaged **Operate a pharmacy, to include receiving**
prescriptions, dispensing prescription medications, and counseling patients regarding their medications
7. Applicant is otherwise authorized 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: June 23, 2015

FILED ✓

JUN 24 2015

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4:04

CZ SERVICES, INC.

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By

Jonathan Schwartz
Signature of Authorized Officer of the Corporation

Jonathan Schwartz, President/CEO

or

By

Signature of Authorized Person for the Limited Liability Company

or

By

Signature of Authorized Person for the Limited Partnership



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

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

