



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information** (*Entity Name is only required for a Certificate of Non-Existence*)

ID	ENTITY NAME	CERTIFICATE TYPE
000014414	CVS Pharmacy, Inc.	Letter of Status / Legal Existence

**Total Fee: \$22.00**

**Filer's Contact Information**

(Enter a contact name, mailing address and email.)

Contact Name: ROBIN STOUT

Business Name: CASE MGMT GROUP OF TEXAS

No. and Street: 107 W. MAIN

City or Town: DECATUR

State: TX

Zip: 76234

Country: USA

Contact Phone: 9406277792 ext:

Contact Email: STOUTLEGAL@GMAIL.COM

**Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.**