

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

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: Good Health Inc
2. The fictitious business name to be used is Premier Pharmacy Services
3. The state or territory under the laws of which it is incorporated, organized or formed is CA
4. The date of incorporation, organization or formation is 02/09/2001
5. If a business corporation, the address of its registered office within Rhode Island is One Richmond Square Ste 125B, Providence RI 02906
6. If a business corporation, the business in which it is engaged Mail order pharmacy
7. Applicant is otherwise authorized to do business in the state of Rhode Island.

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2016 FEB 25 AM 9:59

Under penalty of perjury, I declare that the information contained herein is true and correct.

Date: 02/17/2016

Good Health Inc
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By [Signature]
Signature of Authorized Officer of the Corporation

or

By _____
Signature of Authorized Person for the Limited Liability Company

or

By _____
Signature of Authorized Person for the Limited Partnership

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