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2016 JUN -7 PM 12:57
SECRETARY OF STATE
CORPORATIONS DIV

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: **My Medication Advisor, LLC**
2. The fictitious business name to be used is **Prescription Benefits Services**
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 **March 12, 2004**
5. If a business corporation, the address of its registered office within Rhode Island is **10 Weybosset Street, Suite 800, Providence, Rhode Island 02903**
6. If a business corporation, the business in which it is engaged **Vendor of web-based decision support tools for prescription drug buying or use.**
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 6, 2016**

My Medication Advisor, LLC
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

or

By _____
Signature of Authorized Person for the Limited Liability Company
Michael J. Follick, Manager

or

By _____
Signature of Authorized Person for the Limited Partnership

FILED
JUN 07 2016
By 2716088
A. A. 12:57 p m

Form No. 624
Revised: 12/05

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:

June 07, 2016 12:57 PM

Nellie M. Gorbea
Secretary of State

137822-1-1131201