

Filing Fee: \$50.00

ID Number: 1589499



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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2016 JUL -5 AM 10:23

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: **Aureus Health Services, LLC**
2. The fictitious business name to be used is **Aureus Specialty Pharmacy**
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 **10/3/2013**
5. If a business corporation, the address of its registered office within Rhode Island is **CI Corporation System**
450 Veterans Memorial Parkway, Suite 7A East Providence, RI 02914
6. If a business corporation, the business in which it is engaged **mail order specialty pharmacy services**
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: _____

Aureus Health Services, LLC

Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By _____
Signature of Authorized Officer of the Corporation

By *Paula Valenti*
Signature of Authorized Person for the Limited Liability Company

By _____
Signature of Authorized Person for the Limited Partnership

FILED *m*

JUL 05 2016

BY *CU 278235*

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