

Filing Fee: \$50.00

ID Number: 001658850



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

2016 AUG -2  
SECRETARY OF STATE  
CORPORATIONS DIV

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: Cardinal Health 132, LLC
2. The fictitious business name to be used is Blackstone Valley Community 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 10/22/2015
5. If a business corporation, the address of its registered office within Rhode Island is 450 Veterans Memorial Highway  
Suite 7A, East Providence, RI, 02914
6. If a business corporation, the business in which it is engaged Own and/or operate retail pharmacies.
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: 8/1/2016

Cardinal Health 132, LLC  
Name of Applicant Corporation, Limited Liability Company or Limited Partnership

By \_\_\_\_\_  
Signature of Authorized Officer of the Corporation

By Patricio Garavito or \_\_\_\_\_  
Signature of Authorized Person for the Limited Liability Company  
Patricio Garavito, Assistant Secretary  
or

By \_\_\_\_\_  
Signature of Authorized Person for the Limited Partnership

FILED

AUG 02 2016

BY CR 280506  
2:43



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*

