RI SOS Filing Number: 201748169530 Date: 8/3/2017 10:14:00 AM



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

R.I. DEPT. OF STATE
BUS SYCH DIV

Pursuant to the provisions of RIGL <u>7-16-9</u> the undersigned limited liability company hereby submits the following statement for authority to transact business in the state of Rhode Island under a fictitious business name:

Entity ID Number	Exact Name of the Limited Liability Company			
001175826	WALGREENS SPECIALTY PHARMACY LLC			
The fictitious business nam AllianceRx Walgreens Prime #04				
The state or country the entity is formed is: DELAWARE		5. The date of fo 8/19/03	5. The date of formation is: 8/19/03	
6. Applicant is otherwise author	orized to do business in t	ne state of Rhode Island	l.	
Under penalty of perjury, I on the information contained h	leclare and affirm that I erein is true and correc	have examined this Fi t.	ctitious Business Name State and th	at
Name of Applicant Limited Liability Company WALGREENS SPECIALTY PHARMACY LLC			Date 7 (25117	
Signature of Authorized Person	n /			
P				

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov 10:14 =

FILED,

AUG 0 \$ 2017

By Le 309620

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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:

August 03, 2017 10:14 AM

Nellie M. Gorbea
Secretary of State

Tullin U. Soler

