



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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Fictitious Business Name Statement
DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 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:

1. Entity ID Number 001675826	2. Exact Name of the Limited Liability Company WALGREENS SPECIALTY PHARMACY LLC
3. The fictitious business name to be used is: AllianceRx Walgreens Prime #16287	
4. The state or country the entity is formed is: DELAWARE	5. The date of formation is: 8/19/03
6. Applicant is otherwise authorized to do business in the state of Rhode Island.	
<i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.</i>	
Name of Applicant Limited Liability Company WALGREENS SPECIALTY PHARMACY LLC	Date 7/25/17
Signature of Authorized Person 	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FILED
AUG 03 2017
BY LE 309625

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.



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:

August 03, 2017 10:14 AM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea
Secretary of State

