



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

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**Fictitious Business Name Statement**  
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation 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	2. Exact Name of the Corporation <b>Medical Center Pharmacy and Home Care Center, Inc.</b>		
3. List the fictitious business name to be used: <b>Outpatient Pharmacy Services at Yale New Haven Health</b>			
4. List the state or country the entity is incorporated: <b>Connecticut</b>		5. List the date of incorporation: <b>July 26, 1983</b>	
6. List the address of its registered office within Rhode Island:			
Street Address <b>222 Jefferson Boulevard, Suite 200</b>			
City <b>Warwick</b>	State <b>RHODE ISLAND</b>	Zip <b>02888</b>	
7. List the business in which it is engaged: <b>Acting as non-resident pharmacy serving patients and employees of the Yale New Haven Health System.</b>			
8. 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 Authorized Officer of the Corporation <b>Lorraine Lee, President</b>			Date <b>7/28/17</b>
Signature of Authorized Officer of the Corporation SIGN DOCUMENT HERE			

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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BY **X 309656**

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 11:59 AM

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

Nellie M. Gorbea  
*Secretary of State*

