RI SOS Filing Number: 201750383670 Date: 9/25/2017 12:37:00 PM



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

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:



1. Entity ID Number 2. Exact Name of the Limited Liability Company CYSTIC FIBROSIS SERVICES, LLC 3. The fictitious business name to be used is: ALLIANCERX WALGREENS PRIME #16280 4. The state or country the entity is formed is: 5. The date of formation is: MARYLAND 10/15/93 6. Applicant is otherwise authorized to do business in the state of Rhode Island. Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and the Information contained herein is true and correct. Name of Applicant Limited Liability Company AMELIA LEGUTKI	R.I. DEPT. OF
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	d that
AMELIA LEGUTKI	
Signature of Authorized Person	
SIGN DOUGHENT ERE	

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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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:

September 25, 2017 12:37 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

