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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 001677372	2. Exact Name of the Corporation CYSTIC FIBROSIS SERVICES, LLC	
3. List the fictitious business name to be used: ALLIANCERX WALGREENS PRIME #15663		
4. List the state or country the entity is incorporated DELAWARE	5. List the date of incorporation: 10/15/93	
6. List the address of its registered office within Rhode Island: Street Address 222 JEFFERSON BOULEVARD, SUITE 200		
City WARWICK	State RHODE ISLAND	Zip 02888
7. List the business in which it is engaged. CALL CENTER		
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 AMELIA LEGUTKI	Date OCT 17 2017	
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.n.gov

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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.