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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 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 1681909 | 2. Exact Name of the Limited Liability Company Butler Animal Health Supply, LLC | |
| 3. The fictitious business name to be used is: Henry Schein Animal Health | | |
| 4. The limited liability company is organized under the laws of: Delaware | | 5. The date of formation is: 03-31-2005 |
| 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 Statement and that the information contained herein is true and correct.</i> | | |
| Name of Applicant Limited Liability Company Sean Henderson | | Date 2/26/18 |
| 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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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:

March 01, 2018 01:21 PM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

