




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 <b>1681909</b>	2. Exact Name of the Limited Liability Company <b>Butler Animal Health Supply, LLC</b>
3. The fictitious business name to be used is: <b>Henry Schein Animal Health</b>	
4. The limited liability company is organized under the laws of: <b>Delaware</b>	5. The date of formation is: <b>03-31-2005</b>
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 <b>Sean Henderson</b>	Date <b>2/26/18</b>
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](http://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](mailto:corporations@sos.ri.gov).

FORM 624B LLC - Revised 11/2017