



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
000014414	CVS Pharmacy, Inc.	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: david harmon

Business Name:

No. and Street: 901 S. 2nd St
Suite 201

City or Town: Springfield

State: IL

Zip: 62704

Country: USA

Contact Phone: 7142508626 ext:

Contact Email: thabui@firstam.com

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.