

Filing Fee: \$150.00

ID Number: 150838



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

**LIMITED LIABILITY COMPANY**

**APPLICATION FOR REGISTRATION**

Pursuant to the provisions of Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

- 1. The name of the limited liability company is:  
CVS 75144 RI, L.L.C.
- 2. The name, if different, under which it proposes to register and transact business in Rhode Island is:  
\_\_\_\_\_
- 3. The limited liability company is organized under the laws of Delaware
- 4. The date of its organization is 9/16/05
- 5. The period of duration of the limited liability company is (if perpetual, so state) perpetual
- 6. The address of the limited liability company's resident agent in Rhode Island is:  
10 Weybosset Street Providence , RI 02903  
(Street Address, not P.O. Box) (City/Town) (Zip Code)  
and the name of the resident agent at such address is CT Corporation System  
(Name of Agent)
- 7. The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.
- 8. The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:  
c/o The Corporation Trust Company  
Corporation Trust Center, 1209 Orange Street, Wilmington, DE 19801
- 9. The mailing address for the limited liability company is:  
One CVS Drive  
Woonsocket, RI 02895

RECEIVED  
SECRETARY OF STATE  
CORPORATIONS DIV  
05 SEP 26 AM 11:36

FILED  
SEP 26 2005  
BY [Signature] 77969

10. Management of the Limited Liability Company:

A. The limited liability company is to be managed  by its members. (If you have checked this box, go to item no. 11.)

or

B. The limited liability company is to be managed  by one (1) or more managers. (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

Manager	Address

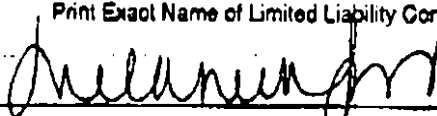
11. This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: September 8, 2005

CVS 75144 RI L.L.C.

Print Exact Name of Limited Liability Company Making Application

By   
Signature of authorized person

# Delaware

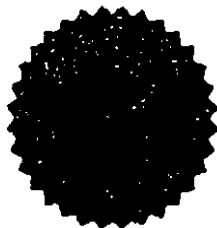
PAGE 1

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CVS 75144 RI, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF SEPTEMBER, A.D. 2005.

4031830 8300

050762303



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4163243

DATE: 09-19-05