

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: Peter Borenstein

Business Name:

No. and Street: P.O. Box 885

City or Town: <u>Culver City</u> State: <u>CA</u> Zip: <u>90232</u> Country: <u>USA</u>

Contact Phone: <u>213-362-8740</u> ext: Contact Email: <u>peter@brnstn.org</u>

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