

State of Rhode Island and Providence Plantations

## **Department of State - Business Services Division**

## Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL <u>7-16-49</u>, 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:

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2021 MAY - 6 AM

The name of the limited liability company is:		<u>;;</u>
RVL Pharmacy, LLC		y n
Is this company organized in its state or country of formatio	n as a low-profit limited liability	company? Yes No X
The name, if different, under which it proposes to register a	nd transact business in Rhode	Island is:
2. The LLC is organized under the laws of: Delaware		
3. The date of its organization is: $03/16/2020$		
And the period of its duration is: CHECK ONE BOX ONLY		
X Perpetual (on-going)		
Date certain for dissolution	··	
4. The name and address of the resident agent/office in Rho	ode Island is:	
Agent Name Corporation Service Company		
Street Address (NOT a P.O. Box) 222 Jefferson Boulevard, Sui	te 200	
City/Town Warwick	State RHODE ISLAND	Zip Code 02888
5. The purpose or purposes which it proposes to pursue in	the transaction of business in R	thode Island are:
Sales of pharmaceutical products		

MAIL TO:

**Division of Business Services** 148 W. River Street, Providence, Rhode Island 02904-2615 **Phone**: (401) 222-3040

Website: www.sos.ri.gov

**FILED** 

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STARIP

Check the box to indicate an attachment

11:55

FORM 450 - Revised: 11/2019

	d the agent of the foreign limited liability company for ie resident agent cannot be found or served following		
7. The address of the office required to be if not so required, of the principal office of	maintained in the state or country of its organizatio the foreign limited liability company is:	n by the laws of that state or,	
2500 Main Street Extension Suite 10, Sayreville	e, NJ 08872		
8. The mailing address for the limited liabil	ity company is:		
400 Crossing Blvd, Bridgewater, NJ 08807			
9. Management of the Limited Liability Cor	трапу:		
The Limited Liability Company is to be ma	naged by: CHECK ONLY ONE BOX	_	
By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)			
By one (1) or more managers (List managers below)			
MANAGER	ADDRESS		
10. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of filing.			
11. Date when this application for Certifica	te of Registration will be effective: CHECK ONE Bo	OX ONLY	
X Date received (Upon filing)			
Later effective date (Date must be no	more than 90 days from the date of filing)		
	rm that I have examined this Application for Registr tatements contained herein are true and correct.	ration, including any	
Type or Print Name of LLC		Date 5/1/2020	
RVL Pharmacy, LLC		0/2/2020	
Signature of Authorized Person	— Docusigned by. Clin's Elein		

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## Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "RVL PHARMACY, LLC" 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 FIFTH DAY OF MAY, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "RVL PHARMACY, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

R.I. DEPT. OF STATE
BUS SVCS DIV

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Authentication: 202878361

Date: 05-05-20

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