



Fictitious Business Name Statement
 DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

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Pursuant to the provisions of RIGL 7-1.2-402, the undersigned business corporation 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 001044223		2. Exact Name of the Corporation TRHC TPA, LLC	
3. List the fictitious business name to be used: Pharmastar			
4. List the state or country the entity is incorporated: Wisconsin		5. List the date of incorporation: 01/16/2015	
6. List the address of its registered office within Rhode Island: Street Address 450 VETERANS MEMORIAL PARKWAY, SUITE 7A			
City EAST PROVIDENCE		State RHODE ISLAND	Zip 02914
7. List the business in which it is engaged: Administration of employer benefit plans			
8. Applicant is otherwise authorized to do business in the state of Rhode Island.			
Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name State and that the information contained herein is true and correct.			
Name of Authorized Officer of the Corporation Brian W. Adams			Date 3/18/21
Signature of Authorized Officer of the Corporation  SIGN DOCUMENT HERE			

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