



**State of Rhode Island  
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
000798318	CVS Health Applications, LLC	Certificate of Good Standing - Long Form

**Filer's Contact Information**

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

Contact Name: eClerx Services LTD

Business Name: eClerx Services LTD

No. and Street: Hinjewadi

City or Town: Pune

State:            Zip: 411057    Country: IND

Contact Phone: ext:

Contact Email: eClerxSolutions.PMOTeamIndia@eclerx.com