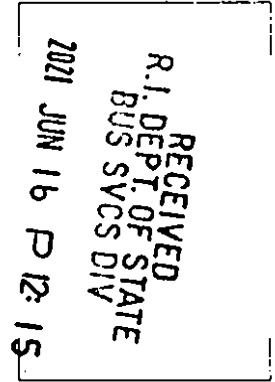




State of Rhode Island

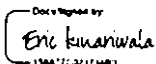
Department of State - Business Services Division

**Fictitious Business Name Statement**

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 the undersigned limited liability company 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: 001723363	2. The name of the Limited Liability Company is: Capsule Providence LLC
3. The fictitious business name to be used is: CAPSULE PHARMACY	
4. The state or country the entity is formed is: Delaware	5. The date of formation is: 04/14/2021
6. Applicant is otherwise authorized to do business in the state of Rhode Island. <i>Under penalty of perjury, I declare and affirm that I have examined this Fictitious Business Name Statement and that the information contained herein is true and correct.</i>	
Name of Applicant Limited Liability Company CAPSULE PROVIDENCE LLC	Date 05/06/2021
Signature of Authorized Person  DocuSigned by Eric Kunariwala 158A77C321734B3	

MAIL TO:**Division of Business Services**

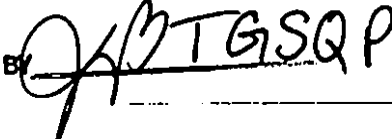
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FILED

JUN 16 2021

BY 

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.



State of Rhode Island

Department of State | Office of the Secretary of State

Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,
hereby certify that this document, duly executed in accordance with the provisions
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

June 16, 2021 12:15 PM

A handwritten signature in blue ink, appearing to read "Nellie M. Gorbea". The signature is fluid and cursive.

Nellie M. Gorbea

Secretary of State

