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State of Rhode Island
Department of State - Business Services Division

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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:	2. The name of the Limited Liability Company is:
001723363	Capsule Providence LLC

3. The fictitious business name to be used is:
CAPSULE PHARMACY

4. The state or country the entity is formed is:	5. The date of formation is:
Delaware	04/14/2021

6. 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 Statement and that the information contained herein is true and correct.

Name of Applicant Limited Liability Company	Date
CAPSULE PROVIDENCE LLC	05/06/2021

Signature of Authorized Person

Eric Kunariwala

12:15

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 TGSQP

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.