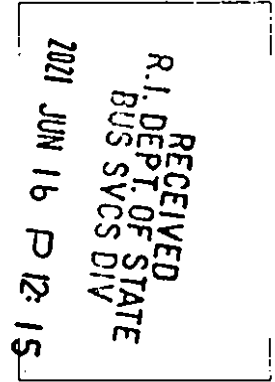




State of Rhode Island

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 	

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

12:15

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.