State of Rhode Island
Department of State - Business Services Division

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Fictitious Business Name Statement
DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $50.00

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:	2. The name of the Corporation is:
001720968	ZipDrug Inc.

3. The fictitious business name to be used is:
ZipDrug Pharmacy

4. The corporation is organized under the laws of:	5. The date of incorporation is:
DE	2/5/2015

6. The address of its registered office within Rhode Island is:

Street Address: 450 VETERANS MEMORIAL PARKWAY, SUITE 7A

City	State	Zip
EAST PROVIDENCE	RHODE ISLAND	02914

7. The business in which it is engaged:
Deliver Pharmaceuticals

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

Name of Authorized Officer of the Corporation	Date
Praveena McGhee	12/1/2021

Signature of Authorized Officer of the Corporation
Praveena McGhee

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.

FORM 624A Corporation - Revised 08/2020