



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: CVS Healthcare Practices PLLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

Check if this company is organized in its state or country of formation as a low-profit limited liability company.

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

CVS Healthcare Practices LLC

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: CT Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

**ARTICLE IV**

The date of its organization is: 2/24/2022

**ARTICLE V**

The period of its duration is:  Perpetual

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 450 VETERANS MEMORIAL HIGHWAY  
SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914

Name: CT CORPORATION SYSTEM

**Article VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

PROVIDING PROFESSIONAL MEDICAL SERVICES VIA LICENSED PHYSICIANS.

**ARTICLE VIII**

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

**ARTICLE IX**

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: ONE CVS DRIVE  
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: ONE CVS DRIVE  
MAIL CODE 1160  
City or Town: WOONSOCKET State: RI Zip: 02895 Country: USA

**ARTICLE XI**

The limited liability company is to be managed by its X Members or     Managers (check one)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 12 Day of January, 2023 at 4:16:32 PM by the Authorized Person.**

MELANIE K. ST ANGELO

Form No. 450  
Revised 09/07

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# Secretary of the State of Connecticut Certificate of Legal Existence

Certificate of Legal Existence Certificate

Date Issued: January 12, 2023

I, the Connecticut Secretary of the State, and keeper of the seal thereof, do hereby certify, that the certificate of organization for the below domestic limited liability company was filed in this office.

A certificate of dissolution has not been filed, and so far, as indicated by the records of this office, such limited liability company is in existence.

## Business Details

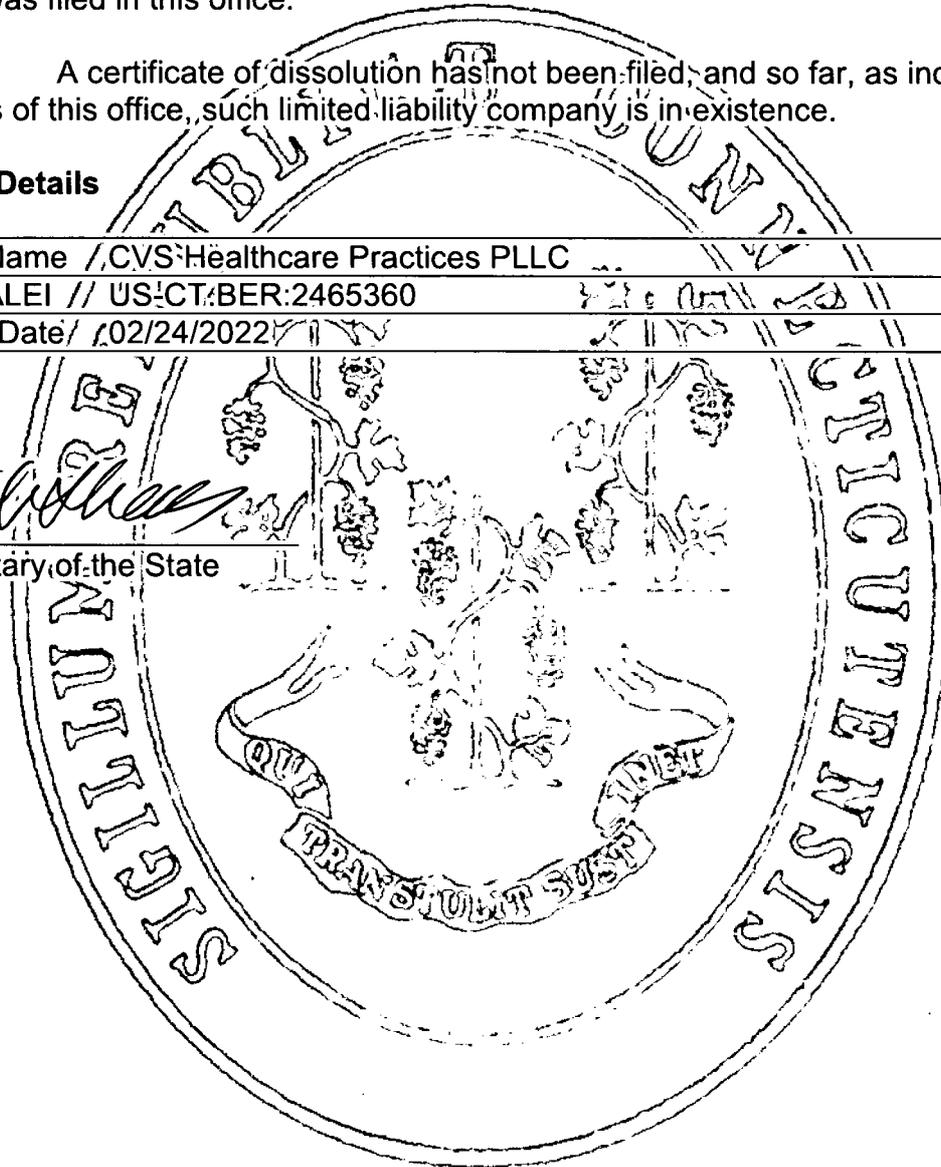
Business Name // CVS Healthcare Practices PLLC

Business ALEI // US-CT:BER:2465360

Formation Date // 02/24/2022



Secretary of the State



Business ALEI: US-CT.BER:2465360

Note: To verify this certificate, visit [Business.ct.gov](http://Business.ct.gov)

Certificate Number: C-00074812



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

January 12, 2023 04:14 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

