



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

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

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
000014414	CVS Pharmacy, Inc.	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Karissa Lowry

Business Name: Corporation Service Company

No. and Street: 251 Little Falls Drive

City or Town: Wilmington

State: DE

Zip: 19808

Country: USA

Contact Phone: 8009279800 ext:

Contact Email: Fulfillment_Notifications@cscinfo.com