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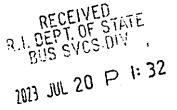
State of Rhode Island

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 <u>7-16-9</u> 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:			
000720837	Scrip World, LLC			
3. The fictitious business name to be used is:				
Meritain Pharmacy Solutions				
4. The state or country the entity is formed is:		5. The date of formation is:		
Utah		06/02/1999	06/02/1999	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.				
7. 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	
Scrip World, LLC			7/18/2023	
Signature of Authorized Person				
Lintum-t 20				

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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BY (T9CP0

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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:

July 20, 2023 01:32 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

