



**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: Lindsey Sorell

Business Name: CT Corporation System

No. and Street: 2929 Allen Parkway
Suite 3300

City or Town: Houston

State: TX

Zip: 77019

Country: USA

Contact Phone: 2816366873 ext:

Contact Email: CS-EFF@wolterskluwer.com