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State of Rhode Island Department of State - Business Services Division

Statement of Abandonment of Use of Fictitious Business Name

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to RIGL <u>7-1,2-402</u> , the undersigned business corporation hereby abandons the use of a fictitious business name in the transaction of business in the state of Rhode Island and submits the	
following:	

•				
1. Entity ID Number:	2. The name of the Corporation is:			
001720968	CARELONRX PHARMACY, INC.			
3. List the fictitious busines	s name to be abandoned:			
ZipDrug Pharmacy				
4. The date when the origin	nal fictitious name statement was	s filed is:		
12/09/2021				
5. List the state or country the entity is incorporated in:		6. List the date of incorporation:		
Arizona		03/19/2021		
7. List the address of its re	gistered office within Rhode Islan	nd:		
Street Address 450 Veterans I	Memorial Parkway, Suite 7A			
City East Providence		State RHODE ISLAND	Zip 02914	
8. Under penalty of perjury	, I declare that the information co	ontained herein is true and cor	rect.	
Name of Authorized Office	r of the Corporation		Date	
Jori Sawan			02/02/2024	
Signature of Authorized Of	fficer of the Corporation	inJawan		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FEB - 8 2024 Silisis

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.

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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:

February 08, 2024 01:35 PM

Gregg M. Amore Secretary of State

Treg M. Coure

