



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

Fee: \$310.00

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

**Foreign Corporation
Application for Certificate of Authority**

(Section 7-1.2-1405 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The name of the corporation is RIDGEWAY PHARMACY, LTD.

SECTION II

It is incorporated under the laws of State: MT Country: US

This Application for Certificate of Authority shall be effective upon filing unless a specified date is provided which shall be no later than the 90th day after the date of this filing

SECTION III

The name, if different, which it elects to use in Rhode Island:

(a) *If the name of the corporation does not contain the word "corporation", "company", "incorporated", or "limited", or an abbreviation thereof, add one of these corporate endings for use in Rhode Island OR*

(b) *if the corporation proposes to qualify and transact business under a different name, list that name:*

Note: If option (b) is elected, a Fictitious Business Name Statement (FORM 624A) is required to be filed with this application

SECTION IV

The date of its incorporation is 2/26/1998

and the period of its duration is ☒ Perpetual ☐

SECTION V

The location of its principal office is

No. and Street: 2824 US HWY 93 N.

City or Town: VICTOR

State: MT

Zip: 59875

Country: US

SECTION VI

The address of its proposed registered office in Rhode Island is

No. and Street: 222 JEFFERSON BLVD.

STE 200

City or Town: WARWICK

State: RI

Zip: 02888

and the name of its proposed registered agent in Rhode Island at that address is INCorp SERVICES, INC.

SECTION VII

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

MAIL ORDER PRESCRIPTION SERVICES

SECTION VIII

(a) The names and respective addresses of its directors (optional unless directors are required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KLINTON CURTIS	2824 US HWY 93 N. VICTOR, MT 59875 US
VICE PRESIDENT	JAMES L. CLOUD	2824 US HWY 93 N. VICTOR, MT 59875 US
DIRECTOR	JAMES L. CLOUD	2824 US HWY 93 N. VICTOR, MT 59875 US
DIRECTOR	KLINTON CURTIS	2824 US HWY 93 N. VICTOR, MT 59875 US

(b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated).

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	KLINTON CURTIS	2824 US HWY 93 N. VICTOR, MT 59875 US
VICE PRESIDENT	JAMES L. CLOUD	2824 US HWY 93 N. VICTOR, MT 59875 US
DIRECTOR	JAMES L. CLOUD	2824 US HWY 93 N. VICTOR, MT 59875 US
DIRECTOR	KLINTON CURTIS	2824 US HWY 93 N. VICTOR, MT 59875 US

SECTION IX

The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Num of Shares</i>	
CNP			\$0.0000	50,000.00

Signed this 27 Day of February, 2024 at 4:22:20 PM by the officers(s). *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.*

By JAMES L. CLOUD

Signature of Authorized Officer of the Corporation



CERTIFICATE OF EXISTENCE

I, **CHRISTI JACOBSEN**, Secretary of State for the State of Montana, do hereby certify that:

RIDGEWAY PHARMACY, LTD.

duly filed its **Articles of Incorporation for Domestic Profit Corporation** in this office on **February 26, 1998**, and on that date was authorized to transact business in this state **for a term of perpetual duration**.

Payment is reflected in the records of the Secretary of State for all fees owed to the Secretary of State.

The most recent annual report has been filed with this office.

No articles of dissolution have been placed on the record in this office by said corporation and the records indicate the corporation is in good standing under the laws of the State of Montana.

The Secretary of State cannot certify that tax and penalties owed to this state on record with the Department of Revenue are current. Please contact the Department of Revenue at (406) 444-6900 to obtain information on the tax status.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of the State of Montana, at Helena, the Capital, this 23rd day of February, 2024.

Christi Jacobsen

Christi Jacobsen
Montana Secretary of State

Certificate Number: 51103818



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:

February 27, 2024 04:20 PM

A handwritten signature in black ink, reading "Gregg M. Amore".

Gregg M. Amore
Secretary of State

