



State of Rhode Island  
Department of State - Business Services Division

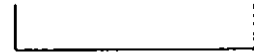


### Application for Registration

FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:



|   |              |          |  |
|---|--------------|----------|--|
| 1. The name of the limited liability company is:  |              |          |  |
| AEQUITA PHARMACY LLC  |              |          |  |
| Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |              |          |  |
| The name, if different, under which it proposes to register and transact business in Rhode Island is:   |              |          |  |
|   |              |          |  |
| 2. The LLC is organized under the laws of:  |              |          |  |
| Washington  |              |          |  |
| 3. The date of its organization is:   |              |          |  |
| 05/09/2023  |              |          |  |
| And the period of its duration is: CHECK ONE BOX ONLY   |              |          |  |
| <input checked="" type="checkbox"/> Perpetual (on-going)  |              |          |  |
| <input type="checkbox"/> Date certain for dissolution _____   |              |          |  |
| 4. The name and address of the resident agent/office in Rhode Island is:  |              |          |  |
| Agent Name  |              |          |  |
| Cogency Global Inc.   |              |          |  |
| Street Address (NOT a P.O. Box)   |              |          |  |
| 222 Jefferson Boulevard   |              |          |  |
| City/Town   | State        | Zip Code |  |
| Warwick   | RHODE ISLAND | 02888    |  |
| 5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:  |              |          |  |
| Pharmacy  |              |          |  |
| Check the box to indicate an attachment <input type="checkbox"/>  |              |          |  |

**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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**FILED**

MAR 29 2024

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6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

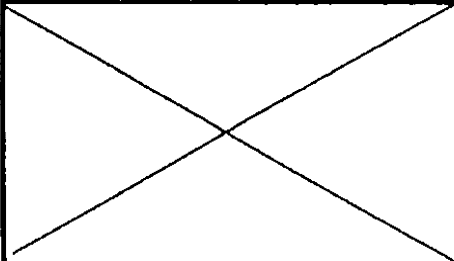
12825 NE 126th Pl. Kirkland, WA 98034

8. The mailing address for the limited liability company is:

12825 NE 126th Pl. Kirkland, WA 98034

9. Management of the Limited Liability Company: **CHECK ONE BOX ONLY**

Members (Owners) **OR**  Manager(s). Complete the chart below.  
**DO NOT** complete the chart below.

|  | MANAGER(S) NAME | ADDRESS |
|--|-----------------|---------|
|  |                 |         |
|  |                 |         |

Check the box to indicate an attachment

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

Date received (Upon filing)  
 Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

*Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.*

|   |                 |
|---|-----------------|
| Type or Print Name of LLC<br>AEQUITA PHARMACY LLC | Date<br>3/27/24 |
|---|-----------------|

Signature of Authorized Person  


UNITED STATES OF AMERICA

The State of



Washington

Secretary of State

I, STEVE R. HOBBS, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

AEQUITA PHARMACY LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/09/2023.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/18/2024  
UBI Number: 605 242 533



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Steve R. Hobbs, Secretary of State

Date Issued: 03/18/2024



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:

March 29, 2024 12:05 PM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

