



State of Rhode Island
Department of State - Business Services Division


REC'D RIDGOS BSD
24 JUN 7 PM 12:09:35

Fictitious Business Name Statement

DOMESTIC or FOREIGN Limited Liability Company

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-16-9 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: 001675826	2. The name of the Limited Liability Company is: Walgreens Specialty Pharmacy, LLC	
3. The fictitious business name to be used is: Walgreens Specialty Pharmacy #16287		
4. The state or country the entity is formed is: DE	5. The date of formation is: 08/19/2003	
6. Applicant is otherwise authorized to do business in the state of Rhode Island.		
7. <i>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.</i>		
Name of Applicant Limited Liability Company Walgreens Specialty Pharmacy, LLC		Date June 5, 2024
Signature of Authorized Person X  Brian Brown, Secretary		

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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BY E9KHD
AA 12:01PM

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.