



State of Rhode Island  
Department of State - Business Services Division

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### 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: <b>001677372</b>		2. The name of the Limited Liability Company is: <b>Cystic Fibrosis Services, LLC</b>	
3. The fictitious business name to be used is: <b>Walgreens Specialty Pharmacy #16280</b>			
4. The state or country the entity is formed is: <b>DE</b>		5. The date of formation is: <b>02/08/2017</b>	
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 <b>Cystic Fibrosis Services, LLC</b>			Date <b>June 5, 2024</b>
Signature of Authorized Person  x  <b>Brian Brown, Secretary</b>			

**MAIL TO:**

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

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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](mailto:corporations@sos.ri.gov).



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:

June 07, 2024 12:09 PM

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

Gregg M. Amore  
*Secretary of State*

