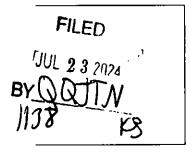
State of Rhode Island Department of Stat Certificate of Correctio DOMESTIC or FOREIGN Busines → Filing Fee: \$50.00	24 JUL 23 ANJ 1:38:56				
Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:					
1. Entity ID Number:	2. The name of the corpora	2. The name of the corporation is:			
001772496	Total Delivery Pharmaservices USA Ltd.				
3. The document to be corrected	is:	4. The date the document being corre	ected was originally		
Application for Certificate of	filed:				
The names and addresses	s of the officers and add	resses listed in Section VIII were	incorrect.		
	_	Check the box to indi	icate an attachment		
 6. The new corrected portion of the document states as follows: SECTION VIII (a) The names and respective address of its directors: Jennifer DeMinico, 160 Warren Avenue, Tiverton, Rhode Island 02878 Nicholas DeMinico, 160 Warren Avenue, Tiverton, Rhode Island 02878 Thomas Scott-Denton, 5 Francis Drive, Eldrige Park, Workingham, Berkshire, RG40 5BA United Kingdom (b) The names and respective address of its principal officers: President: Thomas Scott-Denton, 5 Francis Drive, Eldrige Park, Workingham, Berkshire, RG40 5BA 					
7. The corrected document MUST be attached to this certificate.					
8. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.					

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



Date 3-Jul-2024
2 1.1 2024
5-Jui-2024

Attachment to RI Certificate of Correction for Total Delivery Pharmaservices USA Ltd.

6. The new correction portion of the document states as follows, continued:

Secretary: Jennifer DeMinico, 160 Warren Avenue, Tiverton, Rhode Island 02878 Vice President: Nicholas DeMinico, 160 Warren Avenue, Tiverton, Rhode Island 02878 Treasurer: Nicholas DeMinico, 160 Warren Avenue, Tiverton, Rhode Island 02878

State of Rhode Island
Department of State - Business Services Division

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of <u>RIGL 7-1.2-1405</u>, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

1. The name of the corporation is.

Total Delivery Pharmaservices USA Ltd.

2. It is incorporated under the laws of: Delaware

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

(a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island.

(b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:

4. The date of its incorporation is: 4/11/2024

And the period of its duration is: CHECK ONE BOX ONLY

Perpetual (on-going)

Date certain for dissolution _____

5. The address of its principal office is:

160 Warren Avenue, Tiverton, Rhode Island 02878

6. The name and address of the initial registered agent/office in Rhode Island:

Agent Name Business Filings Incorporated

Street Address (<u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway Suite 7A

City/Town East Providence State RHODE ISLAND

Zip Code 02914

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 3 202

FORM 150 - Revised: 12/2021

state or country of whic			tors (optional, unless (directors are required under the laws of the		
NAME		ADDRESS				
Jennifer DeMinico		160 Warren Avenue, Tiverton, Rhode Island 02878				
Nicholas DeMinico		160 Warren Avenue, Tiverton, Rhode Island 02878				
Thomas Scott-Denton		5 Francis Drive, Eldrige Park, Workingham, Berkshire, RG40 5BA United Kingdom				
				Check the box to indicate an attachment		
8. (b) The names and re of the state or country c			ipal officers (mandato	ry if directors are not required under the laws		
OFFICE	<u> </u>	NAME		ADDRESS		
PRESIDENT	Thomas Scott-Denton			5 Francis Drive, Eldrige Park, Workingham, Berkshire, RG40 5BA United Kingdom		
VICE PRESIDENT	Nicholas DeMinico			160 Warren Avenue, Tiverton, Rhode Island 02878		
TREASURER	Nicholas DeMinico		160 Warren A	160 Warren Avenue, Tiverton, Rhode Island 02878		
SECRETARY	Jennifer DeMinico		160 Warren A	160 Warren Avenue, Tiverton, Rhode Island 02878		
	· ···			Check the box to indicate an attachment		
The aggregate numb par value, and series, if			rity to issue; itemized t	by classes, par value of shares, shares without		
NUMBER OF SHARES			SERIES	PAR VALUE OR STATE NO PAR VALUE		
100	Common			\$1.00		
100	Preferred			\$1.00		
	during the follo	wing year bears	to the value of all pro	of the property of the corporation to be perty of the corporation to be owned during		
<u> </u>		vole. Percentagi	e obtained from works	neer.)		

12. This application must be accompanied by a <u>Certificate of Good Standing/Letter of Status</u> from the state or country of formation dated within 60 days of the date of this filing.					
13. Date when the Certificate of Authority 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 Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.					
Type or Print Name of Authorized Officer	Date				
Thomas Scott-Denton, President	3-Jul-2024				
Signature of Authorized Officer of the Corporation					

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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:

July 23, 2024 11:38 AM

Treng M. Course

Gregg M. Amore Secretary of State

