



State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
24 JUL 23 AM 11:38:56

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: \$50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number: 001772496	2. The name of the corporation is: Total Delivery Pharmservices USA Ltd.
3. The document to be corrected is: Application for Certificate of Authority	4. The date the document being corrected was originally filed: 4/16/2024
5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment: The names and addresses of the officers and addresses listed in Section VIII were incorrect.	
Check the box to indicate an attachment <input type="checkbox"/>	
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 United Kingdom	
Check the box to indicate an attachment <input checked="" type="checkbox"/>	
7. The corrected document MUST be attached to this certificate.	
8. As required by RIGL <u>7-1.2-105</u> , 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

FILED
JUL 23 2024
BY: QQTJN
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9. Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Authorized Officer of the Corporation

Date

Thomas Scott-Denton, President

3-Jul-2024

Signature of Authorized Officer of the Corporation



Thomas Scott-Denton (Jul 3, 2024 10:53 GMT+1)

**Attachment to
RI Certificate of Correction
for
Total Delivery Pharmservices 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

REC'D RIDOS BSD
24 JUL 23 AM 11:39:11

Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, 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 Pharmservices 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 <input checked="" type="checkbox"/> Perpetual (on-going) <input type="checkbox"/> 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 (NOT 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

JUL 23 2024

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

Pharmaceutical Consultancy Services

8. (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):

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 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):

OFFICE	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 Avenue, Tiverton, Rhode Island 02878
SECRETARY	Jennifer DeMinico	160 Warren Avenue, Tiverton, Rhode Island 02878

Check the box to indicate an attachment ☐

9. 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:


NUMBER OF SHARES	CLASS	SERIES	PAR VALUE OR STATE NO PAR VALUE
100	Common		\$1.00
100	Preferred		\$1.00

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

60 %

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	
<input checked="checked" type="checkbox"/> Date received (Upon filing)	
<input type="checkbox"/> Later effective date (Date must be no more than 90 days from the date of filing)_____	
<i>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.</i>	
Type or Print Name of Authorized Officer Thomas Scott-Denton, President	Date 3-Jul-2024
Signature of Authorized Officer of the Corporation  <small>Thomas Scott-Denton (Jul 3, 2024 10:53 GMT+1)</small>	

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.



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

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

