



**State of Rhode Island
Office of the Secretary of State**

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Certificate Request Form

Request Information

ID	ENTITY NAME	CERTIFICATE TYPE
000014414	CVS Pharmacy, Inc.	Certificate of Good Standing

Filer's Contact Information

(Enter a contact name, mailing address and email.)

Contact Name: Anthony Picchione

Business Name: CVS Health Corporation

No. and Street: 200 Highland Corporate Drive
MC2240

City or Town: Cumberland

State: RI

Zip: 02864

Country: USA

Contact Phone: 4013692715 ext:

Contact Email: anthony.picchione@cvshealth.com