



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

Fee: \$50.00

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

**Domestic Limited Liability Company
Fictitious Business Name Statement**

(Section 7-16-9 of the General Laws of Rhode Island, 1956, as amended)

SECTION I

The legal name of the applicant limited liability company is: CARE NEW ENGLAND
PHARMACY, LLC

SECTION II

The fictitious business name to be used is: CNE Pharmacy Pawtucket

SECTION III

The state or territory under the laws of which it is organized is
State: RI Country: USA

SECTION IV

The date of organization is 10/02/2019

Signed this 3 Day of December, 2024 at 1:05:04 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

CARE NEW ENGLAND PHARMACY, LLC
Name of Applicant Limited Liability Company

PAARI GOPALAKRISHNAN, MD
Signature of Authorized Person

Form No. 624
Revised 09/07