



**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: David Lynn

Business Name:

No. and Street: 300 E. Randolph St., Ste. 5000

City or Town: Chicago

State: IL

Zip: 60601

Country: USA

Contact Phone: 3128618000 ext:

Contact Email: david.lynn@bakermckenzie.com