



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

**Fee: \$150.00**

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

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: HARNESS HEALTH PHARMACY - CENTRAL PHARMACY SERVICES, LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: OH Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date: 4/15/2025

**ARTICLE IV**

The date of its organization is: 5/31/2022

**ARTICLE V**

The period of its duration is: ☒ Perpetual ☐

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 222 JEFFERSON BOULEVARD  
SUITE 200,

City or Town: WARWICK

State: RI Zip: 02888

Name: CORPORATION SERVICE COMPANY,

## Article VII

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

PHARMACY RELATED SERVICES

## ARTICLE VIII

The Rhode Island Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

## ARTICLE IX

The address of the office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 4600 MCAULEY PLACE

SUITE 100

City or Town: CINCINNATI

State: OH

Zip: 45242

Country: USA

## ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 4600 MCAULEY PLACE, SUITE 100

SUITE 100

City or Town: CINCINNATI

State: OH

Zip: 45242

Country: USA

## ARTICLE XI

The limited liability company is to be managed by its X Members\* or \_\_\_ Managers (check one)

**\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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*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.*

**Signed this 9 Day of April, 2025 at 11:03:09 AM by the Authorized Person.**

LANCE LOMAX, PRESIDENT

Form No. 450  
Revised 09/07

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UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show HARNESS HEALTH PHARMACY - CENTRAL PHARMACY SERVICES, LLC , an Ohio Limited Liability Company, Registration Number 4876544, was organized in the State of Ohio on May 31, 2022, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 18th day of March, A.D. 2025.*

A handwritten signature in blue ink, appearing to read "Frank LaRose".

**Ohio Secretary of State**

**Validation Number: 202507700606**



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:

April 09, 2025 11:00 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*

