

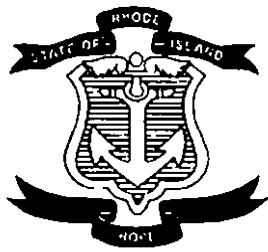


State of Rhode Island  
Department of State - Business Services Division

# REINSTATEMENT

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                  |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------|------------------|-----------------------------------------------------------------|---------------------|------------------|----------------------------------------------------|--|--|--------------------------------------------------------------|--|--|------------------------------------------------------|--|--|-----------------------------------------------------------------------------|--|--|---------------------------------------------------------------------------|--|--|----------------------------------------------------|--|--|-----------------------------------------------------------|--|--|
| 1. Entity ID Number:<br><b>001767547</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 2. The name of the entity is:<br><b>BetteRx Compounding Inc.</b> |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 3. Date of Revocation:<br><b>06/12/2025</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | 4. Reason for Revocation:<br><b>Registered Agent</b>             |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 5. Entity Type:<br><b>Foreign Business Corporation</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                  |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 6. The reinstatement requirements are: <table border="0"> <tr> <td><input checked="" type="checkbox"/> Annual Reports (# of reports) 1</td> <td>(report filing fee) \$ 50</td> <td>Total Fees \$ 50</td> </tr> <tr> <td><input checked="" type="checkbox"/> Penalty fees (# of years) 1</td> <td>(penalty fee) \$ 50</td> <td>Total Fees \$ 50</td> </tr> <tr> <td><input type="checkbox"/> Replacement filing fee \$</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> LOGS (Tax Good Standing)</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Legislative Act/Court Order</td> <td></td> <td></td> </tr> <tr> <td><input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b></td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Certificate of Correction</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> Amendment (name change required)</td> <td></td> <td></td> </tr> </table> |                                                                  | <input checked="" type="checkbox"/> Annual Reports (# of reports) 1 | (report filing fee) \$ 50 | Total Fees \$ 50 | <input checked="" type="checkbox"/> Penalty fees (# of years) 1 | (penalty fee) \$ 50 | Total Fees \$ 50 | <input type="checkbox"/> Replacement filing fee \$ |  |  | <input checked="" type="checkbox"/> LOGS (Tax Good Standing) |  |  | <input type="checkbox"/> Legislative Act/Court Order |  |  | <input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20 |  |  | <input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b> |  |  | <input type="checkbox"/> Certificate of Correction |  |  | <input type="checkbox"/> Amendment (name change required) |  |  |
| <input checked="" type="checkbox"/> Annual Reports (# of reports) 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (report filing fee) \$ 50                                        | Total Fees \$ 50                                                    |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Penalty fees (# of years) 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | (penalty fee) \$ 50                                              | Total Fees \$ 50                                                    |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Replacement filing fee \$                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> LOGS (Tax Good Standing)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                  |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Legislative Act/Court Order                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                  |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input checked="" type="checkbox"/> Change of Agent Form (filing fee) \$ 20                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                  |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Change of Registered Office Form - <b>NO FEE</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Certificate of Correction                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                  |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| <input type="checkbox"/> Amendment (name change required)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                  |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |
| 7. Accompanied by                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                  |                                                                     |                           |                  |                                                                 |                     |                  |                                                    |  |  |                                                              |  |  |                                                      |  |  |                                                                             |  |  |                                                                           |  |  |                                                    |  |  |                                                           |  |  |

**FILED**  
AUG 08 2025  
BY SYX46



STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
DIVISION OF TAXATION  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

BETTERX COMPOUNDING INC  
9 THURBER BLVD UNIT D  
SMITHFIELD, RI 02917-1883

## LETTER OF GOOD STANDING

It appears from our records that **BETTERX COMPOUNDING INC** has filed all the required returns due for this letter of good standing and paid all known tax liabilities as of this date. **BETTERX COMPOUNDING INC** is in good standing with the Rhode Island Division of Taxation as of **08/08/2025**. This letter of good standing is expressly conditional and may be based upon unaudited returns, subject to future audit.

This Letter of Good Standing does not cover any violation of chapter 20 of Title 44 that has occurred within the last thirty (30) days and any resulting assessments and/or license suspension which have not yet issued from the Division for such violation(s). Any subsequent application for a license or permit may be denied in accordance with R.I. Gen. Laws § 44-20-4.1.

This letter is issued pursuant to the request of the above named corporation for the purpose of:

## REINSTATEMENT OF REVOKED CORPORATE CHARTER

This letter of good standing is valid only for the specific reason listed above and is not valid for any other reason(s).

Very truly yours,

  
JUSTIN HAAS  
Supervising Revenue Officer

  
Neena Savage  
Tax Administrator

933581421:23741717  
DLN: 10019876900