**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: Robert Willson
Business Name:
No. and Street: 300 E. Randolph Street, Suite 50
City or Town: Chicago State: IL Zip: 60601 Country: USA
Contact Phone: 3128616585 ext:
Contact Email: robert.willson@bakermckenzie.com