

Certificate of Cancellation

FOREIGN Limited Liability Company			~.O3
→ Filing Fee: \$75.00			, w
Pursuant to the provisions of RIGL <u>7-16-53</u> , the undersigned foreign limited liability company hereby cancels its registration to transact business in the State of Rhode Island, and for that			ıl
			
purpose submits the following state			
1. Entity ID Number:	The name of the limited liability company is:		
001691288	VFC Pharmacy #101, LLC		
It is organized under the laws of: Delaware			
4. The entity is not transacting business in this state and surrenders its authority to transact business in			in this state.
5. It revokes the authority of its ag	gent, to accept service of process and consents that serv	ice of proce	ss in any action, suit
	ansaction of business in the state of Rhode Island, may to of the Department of State of the State of Rhode Island.		made on the limited
6. The post office address to which the Department of State may mail a copy of any process against the limited liability			
company that may be served on him or her is:			
c/o Covetrus, Inc., 7 Custom House Street, 2nd Floor, Portland, ME 04101			
7. The limited liability company certifies that it has no outstanding tax obligations. As required by RIGL liability has paid all fees and taxes. [Note: tax status can be verified by emailing tax.collections@tax.ri.g			
8. Date when the Cancellation will be effective: CHECK ONE BOX ONLY			
✓ Date received (Upon filing)			
Later effective date (Date must be no more than 90 days from the date of filing)			
Under penalty of perjury, I declare all statements contained herein a	e and affirm that I have examined this Certificate of Canc re true and correct.	ellation of R	egistration and that
Type or Print Name of Authorized Person Date			
Georgia Wraight, as President of Sole Member 1/7/20		22	
Signature of Authorized Person			

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov FILED

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If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

FORM 452- Revised: 03/2021

RI SOS Filing Number: 202208607090 Date: 1/25/2022 12:03:00 PM



I, NELLIE M. GORBEA, 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:

January 25, 2022 12:03 PM

Nellie M. Gorbea Secretary of State

Tullin U. Soler

