## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER C 3 DIRECTOR

DOCUMENT # F9400005946  1. Entity Name BIG B DRUGS, INC.					FILED  SECTETARY OF STATE  OF STATE			
Principal Plac	ce of Business			01	APR 30	AM 10: 59	3	
ONE CVS DR VOONSOCKET RI 02895 IS		Mailing Address ONE CVS DR LEGAL DEPT WOONSOCKET RI 02895 US				* ****	(1 <b>81 8</b> 111 <b>8 18114 5</b> 11	E10 E114 (05)
2. Principal Place of Business		3. Mailing Address	•					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT	WRITE IN THIS	SPACE	
City & State		City & State		4.	FEI Number 58-051!	5338		oplied For
Zip	Country	Zip	Country	5.	Certificate of Status Desi	red	\$8.75 Add	ditional
	6. Name and Address of Current Re	egistered Agent		7.	Name and Address of N	lew Registered		
CT CORPORATIOIN SYSTEM 1200 S. PINE ISLAND RD. PLANTATION FL 33324			Name Street A	Name Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code	e
This corporation is eligible to satisfy its Intangible			FEE IS \$150.0 FEE will be \$5 to Department	00 50.00	10. Election Campaig Trust Fund Contri			<b>0</b> May Be
11.	OFFICERS AND DI	RECTORS	12.	AC	DDITIONS/CHANGES TO	OFFICERS ANI		•
TITLE Name Street address City-St-Zip	PD CONAWAY, CHARLES C ONE CVS DRIVE WOONSOCKET RI 02895	⊠ Delete	NAME	PD Thomas R One CVS Woonsock	Drive		<b>⊠</b> Change	☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LANKOWSKY, ZENON ONE EVS DRIVE WOOKSOCKET RI 02895	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		30000 -01	0 <b>421</b> 2 5/11/01- 10050.00	311 177	1,31,21 &
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLBERG, LARRY D ONE CVS DR WOONSOCKET RI 02895	☐ Delete	TITLE NAME STREET ADDRESS CHY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS SITY-ST-ZIP	AS LUKER, MELAINE K ONE CVS DR WOONSOCKET RI 02895	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	Addition
TTLE JAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		☐ Change	Addition
ITLE IAME TREET ADORESS ITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	AD Addition
indicated of the cor.	pertify that the information supplied with the on this report or supplemental report is tri- poration or the receiver or trustee empower or on an attachment with an address, with	ue and accurate and that makered to execute this report	signature shall ha	ave the same	legal effect as if made un	ider oath; that I :	am an officer	or director

Melanie K. Luker, Assistant Secretary

изупле пполе #

(401) 770-3565