


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F94000005946</b> 1. Entity Name <b>BIG B DRUGS, INC.</b>					
Principal Place of Business <b>ONE CVS DR WOONSOCKET, RI 02895 US</b>			Mailing Address <b>ONE CVS DR LEGAL DEPT WOONSOCKET, RI 02895 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.			
City & State  Zip		City & State  Zip			
Country		Country			
4. FEI Number <b>58-0515338</b>					
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>					
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LANKOWSKY, ZENON P ONE CVS DRIVE WOONSOCKET, RI 02895 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPTD SOLBERG, LARRY D ONE CVS DRIVE WOONSOCKET, RI 02895 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS MOFFATT, THOMAS S ONE CVS DR WOONSOCKET, RI 02895 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS LUKER, MELAINE K ONE CVS DR WOONSOCKET, RI 02895 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	AS CIMBRON, LINDA M ONE CVS DRIVE WOONSOCKET, RI 02895 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE <u>Linda M. Cimbron</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Linda Cimbron Assistant Secretary		4/5/06 Date
			401-765-1500 Daytime Phone #		

FILED  
06 APR 21 PM 3:31

ALLIANCE STATE  
TALLAHASSEE, FLORIDA



03212006 Chg-P CR2E034 (11/05)

4. FEI Number  
58-0515338

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 S. PINE ISLAND RD.  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution.

☐ **\$5.00 May Be  
Added to Fees**

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
PD  
LANKOWSKY, ZENON P  
ONE CVS DRIVE  
WOONSOCKET, RI 02895 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
VPTD  
SOLBERG, LARRY D  
ONE CVS DRIVE  
WOONSOCKET, RI 02895 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DS  
MOFFATT, THOMAS S  
ONE CVS DR  
WOONSOCKET, RI 02895 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AS  
LUKER, MELAINE K  
ONE CVS DR  
WOONSOCKET, RI 02895 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
AS  
CIMBRON, LINDA M  
ONE CVS DRIVE  
WOONSOCKET, RI 02895 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
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SIGNATURE Linda M. Cimbron  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Linda Cimbron  
Assistant Secretary

4/5/06  
Date

401-765-1500  
Daytime Phone #