
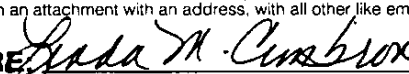


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F94000005946					
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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>58-0515338</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324</b>			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<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</b> May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LANKOWSKY, ZENON P</b>		NAME		
STREET ADDRESS	<b>ONE CVS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WOONSOCKET, RI 02895</b>		CITY-ST-ZIP		
TITLE	VPTD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SOLBERG, LARRY D</b>		NAME		
STREET ADDRESS	<b>ONE EVS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WOONSOCKET, RI 02895</b>		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOFFATT, THOMAS S</b>		NAME		
STREET ADDRESS	<b>ONE CVS DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WOONSOCKET, RI 02895</b>		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LUKER, MELAINE K</b>		NAME		
STREET ADDRESS	<b>ONE CVS DR</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WOONSOCKET, RI 02895</b>		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>CIMBRON, LINDA M</b>		NAME		
STREET ADDRESS	<b>ONE CVS DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WOONSOCKET, RI 02895</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 			Linda Cimbron Assistant Secretary		401-765-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/5/06</b>		Daytime Phone #

FILED  
06 APR 21 PM 3:31  
TALLAHASSEE 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

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

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

City \_\_\_\_\_ **FL** Zip Code \_\_\_\_\_

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SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD <input type="checkbox"/> Delete NAME LANKOWSKY, ZENON P STREET ADDRESS ONE CVS DRIVE CITY-ST-ZIP WOONSOCKET, RI 02895	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE VPTD <input checked="" type="checkbox"/> Delete NAME SOLBERG, LARRY D STREET ADDRESS ONE EVS DRIVE CITY-ST-ZIP WOONSOCKET, RI 02895	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE DS <input type="checkbox"/> Delete NAME MOFFATT, THOMAS S STREET ADDRESS ONE CVS DR CITY-ST-ZIP WOONSOCKET, RI 02895	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE AS <input type="checkbox"/> Delete NAME LUKER, MELAINE K STREET ADDRESS ONE CVS DR CITY-ST-ZIP WOONSOCKET, RI 02895	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE AS <input type="checkbox"/> Delete NAME CIMBRON, LINDA M STREET ADDRESS ONE CVS DRIVE CITY-ST-ZIP WOONSOCKET, RI 02895	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____

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.

Date **4/5/06** Daytime Phone # **401-765-1500**