FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 08, 2002 8:00 am Secretary of State F97000002831 DOCUMENT # 1. Entity Name CVS PHARMACY, INC. 05-08-2002 90093 014 ***150.00 Principal Place of Business Mailing Address ONE CVS DRIVE ONE CVS DR WOONSOCKET RI 02895 WOONSOCKET RI 02895 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 Applied For 05-0340626 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND PLANTATION FL 33324 Zip Code Fl 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 (See criteria on back) Trust Fund Contribution Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITI F PD ☐ Delete TITLE ☐ Addition See attached NAME RYAN, THOMAS NAME STREET ADDRESS ONE CVS DRIVE STREET ADDRESS CITY-ST-ZIP WOONSOCKET RI 02895 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME LANKOWSKY, ZENON NAME STREET ADDRESS 4 FRANCIS FARM RD STREET ADDRESS CITY-ST-ZIP HARRISVILLE RI 02830 CITY-ST-ZIP TITLE **VP** ☐ Delete TITLE Change Addition NAME GALBO, PHILIP C NAME STREET ADDRESS 100 WATCH HILL STREET ADDRESS CITY-ST-7IP EAST GREENWICH RI 02818 CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME MCMONAGLE-GLASS, DIANE NAME STREET ADDRESS 80 OAK PT STREET ADDRESS CITY-ST-ZIP WRANTHAM MA 02093 CITY-ST-ZIP AS ☐ Delete TITLE ☐ Change ☐ Addition NAME LUKER, MELANIE K NAME STREET ADDRESS ONE CVS DRIVE STREET ADDRESS CITY-ST-ZIP WOONSOCKET RI 02895 CITY-ST-ZIP TITLE Delete TITLE Christopher W. Bodine Addition SOLBERG, LARRY NAME One CVS Drive STREET ADDRESS ONE CVS DRIVE STREET ADDRESS Woonsocket, RI 02895 CITY-ST-ZIP WOONSOCKET RI 02895 CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07 (2017) in the information indicated on this report of 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

lelanie K. Luker

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OF ASSAST SHEET SECTETARY

CR2E034 (9/01