

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90981 018 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000015964

1. Entity Name

Taft University CVS, Inc.



DO NOT WRITE IN THIS SPACE

11022083

2. Principal Place of Business

One CVS Drive

Suite, Apt. #, etc.

3. Mailing Address

One CVS Drive

Suite, Apt. #, etc.

Legal Department

DO NOT WRITE IN THIS SPACE

City & State

Woonsocket RI

City & State

Woonsocket RI

4. FEI Number

65-1022032

Applied For

Not Applicable

Zip
02895

Country
USA

Zip
02895

Country
USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

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

1200 South Pine Island Road

City
Plantation

FL

Zip Code
33324

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

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

P/D
Thomas M. Ryan
One CVS Drive, Woonsocket RI 02895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

V/S/D
Zenon P. Lankowsky
One CVS Drive, Woonsocket RI 02895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

T
Larry D. Solberg
One CVS Drive, Woonsocket RI 02895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS
Melanie K. Luker
One CVS Drive, Woonsocket RI 02895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

D
Christopher W. Bodine
One CVS Drive, Woonsocket RI 02895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AS
Linda M. Cimbron
One CVS Drive, Woonsocket RI 02895

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Melanie K. Luker

4-23-03

401-770-3565

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/02)