

2001 UNIFORM BUSINESS REPORT (UBR)

0572221

DOCUMENT # P00000044400

1. Entity Name

GOLDENROD CVS, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 AM 10:53

Principal Place of Business

ONE CVS DR
WOONSOCKET RI

Mailing Address

ONE CVS DR
WOONSOCKET RI

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3656586

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is not acceptable)

000884212666--8

05/11/01--01122--001

10050.00 *150.00

City

FL

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.

SIGNATURE

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

(NOT: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!
After MAY 1, 2001
Make Check Payable to Department of State

FEE IS \$150.00
Fee will be \$550.00

10. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONAWAY, CHARLES C	
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, DANIEL C	
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LANKOWSKY, ZENON P	
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Ryan	
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket, RI 02895	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence J. Zigerelli	
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket, RI 02895	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D/VP/S Zenon P. Lankowsky	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T Larry D. Solberg	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AS Melanie K. Luker	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 no 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-13-01

Melanie K. Luker, Assistant Secretary
(401) 770-3565

Date

Daytime Phone #

CR2E034 (10/00)