

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90093 002 ***150.00

05/24/03 AT

DOCUMENT # P00000052367

1. Entity Name

34TH STREET CVS, INC.

Principal Place of Business

ONE CVS DR

WOONSOCKET RI 02895

Mailing Address

ONE CVS DR

WOONSOCKET RI 02895

2. Principal Place of Business

3. Mailing Address

One CVS Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Legal Dept

City & State

City & State

Woonsocket RI

Zip

Country

Zip

Country

02895

4. FEI Number

59-3656560

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

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

Name

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

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.

(NOTE: 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!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

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
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
 RYAN, THOMAS
 ONE CVS DR
 WOONSOCKET RI 02895** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
 ZIGERELLI, LARRY J
 ONE CVS DR
 WOONSOCKET RI 02895** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
 Christopher W. Bodine
 One CVS Drive
 Woonsocket, RI 02895** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVPS
 LANKOWSKY, ZENON P
 ONE CVS DR
 WOONSOCKET RI** ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
 SOLBERG, LARRY D
 ONE CVS DR
 WOONSOCKET RI 02895** ☐ Delete

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
 ☐ Delete

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

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 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 embossed.

SIGNATURE: **Melanie K Luker**
 Assistant Secretary

4-25-02

401-765-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)