

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

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

04-28-2003 90981 041 ***150.00

DOCUMENT # P00000053981

1. Entity Name

Boca Raton CVS, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
One CVS Drive

3. Mailing Address
One CVS Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.
Legal Department

DO NOT WRITE IN THIS SPACE

City & State
Woonsocket RI

City & State
Woonsocket RI

4. FEI Number 59-3652004

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 P/D
NAME Thomas M. Ryan
STREET ADDRESS One CVS Drive, Woonsocket RI 02895
CITY-ST-ZIP

TITLE V/S/D
NAME Zenon P. Lankowsky
STREET ADDRESS One CVS Drive, Woonsocket RI 02895
CITY-ST-ZIP

TITLE T
NAME Larry D. Solberg
STREET ADDRESS One CVS Drive, Woonsocket RI 02895
CITY-ST-ZIP

TITLE AS
NAME Melanie K. Luker
STREET ADDRESS One CVS Drive, Woonsocket RI 02895
CITY-ST-ZIP

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

TITLE AS
NAME Linda M. Cimbron
STREET ADDRESS One CVS Drive, Woonsocket RI 02895
CITY-ST-ZIP

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CITY-ST-ZIP

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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)