

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

04-28-2003 90981 014 ***150.00

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

DOCUMENT # P00000068779

1. Entity Name

41st Street CVS, Inc.



DO NOT WRITE IN THIS SPACE

11022087

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

06-1593560

Applied For

Not Applicable

Zip

02895

Country

USA

Zip

02895

Country

USA

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

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

**DO NOT WRITE
IN THIS SPACE**

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		TITLE NAME STREET ADDRESS CITY- ST- ZIP	
P/D Thomas M. Ryan One CVS Drive, Woonsocket RI 02895			
V/S/D Zenon P. Lankowsky One CVS Drive, Woonsocket RI 02895			
T Larry D. Solberg One CVS Drive, Woonsocket RI 02895			
AS Melanie K. Luker One CVS Drive, Woonsocket RI 02895			
D Christopher W. Bodine One CVS Drive, Woonsocket RI 02895			
AS Linda M. Cimbron One CVS Drive, Woonsocket RI 02895			

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie K. Luker

4-23-03

401-770-3565

Date

Daytime Phone #

CR2E034B (12/02)