2001 UNIFORM BUSINESS REPORT (UBR)

0572222

DOCUMENT # P00000068783

FILED
SECRETARY OF STATE

01 APR 30 AM 9:33

1. Entity Name
27TH AVENUE CVS, INC.

Principal Place of Business	Mailing Address
ONE CVS DR WOONSOCKET RI 02895	ONE CVS DR WOONSOCKET RI 02895

DO NOT WRITE IN THIS SPACE

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 65-1043257 ☐ 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) 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, 2001 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	D RYAN, THOMAS M ONE CVS DR WOONSOCKET RI 02895	☒ Delete	TITLE / NAME / STREET ADDR / CITY-ST-ZIP	X Addition D/P Thomas M. Ryan One CVS Dr Woonsocket RI 02895
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	☐ Change ☐ Addition 000004212880 P -05/11/01 -01122--001 **10050.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LANKOWSKY, ZENON P ONE CVS DR WOONSOCKET RI 02895	☒ Delete	TITLE / NAME / STREET ADDR / CITY-ST-ZIP	Y Addition D/VP/S Zenon P. Lankowsky One CVS Dr Woonsocket RI 02895
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURTON, DENNIS C 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 ADDR / CITY-ST-Z	X Addition T Larry D. Solberg One CVS Dr Woonsocket RI 02895
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDR / CITY-ST-ZIP	X Addition AS Melanie K. Luker One CVS Dr Woonsocket RI 02895 AD

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 empowered.

SIGNATURE: Melanie K. Luker 4-13-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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

CR2E034 (10/00)