

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 30, 2002 8:00 am**  
**Secretary of State**

05-08-2002 90094 041 \*\*\*150.00

**DOCUMENT # P01000035702**

1. Entity Name

**KEY BISCAYNE 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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

**65-1108233**

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 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, 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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>RYAN, THOMAS M<br/>ONE CVS DR.<br/>WOONSOCKET RI 02895</b>     | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>ZIGERELLI, LARRY J<br/>ONE CVS DR.<br/>WOONSOCKET RI 02895</b> | <input checked="" type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>LANKOWSKY, ZENON P<br/>ONE CVS DR.<br/>WOONSOCKET RI 02895</b> | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete            |

|  |   |  |
|--|---|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>D<br/>Christopher W. Bodine<br/>One CVS Drive<br/>Woonsocket, RI 02895</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>VP'S</b>   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>See attached</b>   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Melanie K. Luker  
Assistant Secretary**

**4-25-02**

Date

**401-765-1500**

Daytime Phone #

CR2E034 (9/01)

**CVS SUBSIDIARIES  
CORPORATE OFFICERS**

Attachment  
90200  
#P0100003702

**President:** Thomas M. Ryan

**Business:** One CVS Drive, Woonsocket, RI 02895

**Home:** 135 Cliff Drive, Narragansett, RI 02882

**Vice President and Secretary:** Zenon P. Lankowsky

**Business:** One CVS Drive, Woonsocket, RI 02895

**Home:** 4 Francis Farm Road, Harrisville, RI 02830

**Treasurer:** Larry D. Solberg

**Business:** One CVS Drive, Woonsocket, RI 02895

**Home:** 228 Freeman Parkway, Providence RI 02906

**Assistant Treasurer:** Edward J. Sturgeon

**Business:** One CVS Drive, Woonsocket, RI 02895

**Home:** 445 Broad Rock Road, Wakefield, RI 02879

**Assistant Secretary:** Thomas S. Moffatt

**Business:** One CVS Drive, Woonsocket, RI 02895

**Home:** 29 Homestead Circle, Kingston, RI 02881

**Assistant Secretary:** Linda M. Cimbron

**Business:** One CVS Drive, Woonsocket, RI 02895

**Home:** 45 Bridge Street, Warren, RI 02885

**Assistant Secretary:** Melanie K. Luker

**Business:** One CVS Drive, Woonsocket, RI 02895

**Home:** 40 Poppy Drive, Cranston, RI 02920

**DIRECTORS:**

Thomas M. Ryan

**Business:** One CVS Drive, Woonsocket, RI 02895

**Home:** 135 Cliff Drive, Narragansett, RI 02882

Christopher W. Bodine

**Business:** One CVS Drive, Woonsocket RI 02895

**Home:** 133 Council Rock Road, Cranston, RI 02921

Zenon P. Lankowsky

**Business:** One CVS Drive, Woonsocket, RI 02895

**Home:** 4 Francis Farm Road, Harrisville, RI 02830