

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Aug 29 1997 8:00am  
Secretary of State

DOCUMENT # V45200 (5)

1. Corporation Name

MARSHALLS OF FORT MYERS MARKET SQ., INC.

Principal Place of Business

Mailing Address

200 BRICKSTONE SQ  
% TAX DEPT  
ANDOVER MA 01810  
US

200 BRICKSTONE SQ  
C/O TAX DEPT.  
ANDOVER MA 01810

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

One CVS Drive

27

Suite, Apt. #, etc.

28

Legal Dept.  
City & State  
Woonsocket RI

29

Zip

30

Country

USA

3. Date Incorporated or Qualified

06/22/1992

3a. Date of Last Report

05/01/1996

4. FEI Number

04-3226182

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
GOLDSTEIN, STANLEY  
ONE THEALL RD  
RYE NY 10580

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD  
ROSSI, JEROME  
200 BRICKSTONE SQ  
ANDOVER MA

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Y  
COHEN, IRWIN  
200 BRICKSTONE SQ  
ANDOVER MA 01810

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

VPS  
AMBRO, J G  
200 BRICKSTONE SQ  
ANDOVER MA

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D  
WARREN FEIDBERG  
200 BRICKSTONE SQ  
ANDOVER MA

☒ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

Director

Thomas M. Ryan

One CVS Drive

Woonsocket RI 02895

☒ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

President

Zenon P. Lankowsky

One CVS Drive

Woonsocket RI 02895

☒ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

Treasurer

Philip C. Galbo

One CVS Drive

Woonsocket RI 02895

☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

Vice President / Secretary

Diane McMonagle Glass

One CVS Drive

Woonsocket RI 02895

☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

see attached

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

000002282040  
-09/02/97--01039--005  
\*\*\*550.00

☐ Change ☐ Addition

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Thomas S. Moffatt

8/18/97

401-765-1500

CR2E034 (4/97)

## **MARSHALLS**

### **OFFICERS AND DIRECTORS**

#### **Directors**

Thomas M. Ryan  
Daniel Nelson  
Charles Conaway

280 Irving Ave., Providence, RI 02906  
26 Brookfield Rd., Dover, MA 02030  
15 Signal Ridge Way, E. Greenwich, RI 02818

#### **Officers**

#### **President**

Zenon P. Lankowsky

4 Francis Farm Rd., Harrisville, RI 02830

#### **Vice President**

Diane McMonagle-Glass  
Robert E. Nault

80 Oak Point, Wrentham, MA 02093  
19 Winchester Lane, N. Smithfield, RI 02896

#### **Treasurer**

Philip Galbo

100 Watch Hill, E. Greenwich, RI 02818

#### **Secretary**

Diane McMonagle-Glass

80 Oak Point, Wrentham, MA 02093

#### **Assistant Secretary**

Jill Goddard  
Thomas S. Moffatt

15 Sanderson Avenue, Dedham, MA 02026  
11 Charles Street, Dedham, MA 02026

#### **BUSINESS ADDRESS:**

One CVS Drive  
Woonsocket, RI 02895