

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002831

Entity Name: CVS PHARMACY, INC.

Current Principal Place of Business:

ONE CVS DRIVE
WOONSOCKET, RI 02895

Current Mailing Address:

ONE CVS DRIVE
WOONSOCKET, RI 02895 US

FEI Number: 05-0340626

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND
PLANTATION, FL 33324 US

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: _____

Electronic Signature of Registered Agent

_____ Date

Officer/Director Detail :

Title VICE PRESIDENT/SECRETARY
Name MOFFATT, THOMAS S.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT TREASURER
Name BEAULIEU, SHEELAGH M.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY
Name DESOUSA, KIMBERLEY M.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY
Name SMITH, JOSHUA J.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY
Name DEHNER, KEVIN M.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title DIRECTOR
Name DENALE, CAROL A.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title DIRECTOR
Name MOFFATT, THOMAS S.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY
Name ST ANGELO, MELANIE K.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MELANIE K. ST ANGELO

AUTHORIZED SIGNOR

04/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title AUTHORIZED SIGNOR
Name ST ANGELO, MELANIE K.
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895