

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006616

Entity Name: CVS RX SERVICES, INC.

Current Principal Place of Business:

1 CVS DRIVE
WOONSOCKET, RI 02895

Current Mailing Address:

1 CVS DRIVE
WOONSOCKET, RI 02895 US

FEI Number: 05-0501917

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 DIRECTOR, VP, TREASURER
Name DENALE, CAROL A
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title DIRECTOR, PRESIDENT
Name THOMAS, MOFFATT S
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title SECRETARY
Name ST ANGELO, MELANIE K
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title MEMBER
Name CVS PHARMACY, INC.
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY
Name DESOUSA, KIMBERLEY M
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY
Name CIMBRON, LINDA M
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT TREASURER
Name BEAULIEU, SHEELAGH M
Address 200 HIGHLAND CORPORATE DRIVE
City-State-Zip: CUMBERLAND RI 02864

Title ASSISTANT TREASURER
Name CLARK, JEFFREY E
Address 200 HIGHLAND CORPORATE DRIVE
City-State-Zip: CUMBERLAND RI 02864

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

SECRETARY

04/27/2022

Electronic Signature of Signing Officer/Director Detail

Date