



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008 AMENDED

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 31684		2. Name of Corporation Prime Drug, Inc.		
3. Street Address Principal Business Office 613 Cranston Street			City Providence	State RI
			Zip 02907	
4. Business Phone No. 401 521-9660		5. State of Incorporation Rhode Island		
6. Brief Description of the Character of Business Conducted in Rhode Island Operating a retail drug store				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Domenic Colarusso		Vice President Name Carmine D. DeTomasio		
Street Address 20 Hybrid Avenue		Street Address 613 Cranston Street		
City Cranston	State RI	Zip 02920	City Providence	State RI
		Zip 02907		
Secretary Name Carmine D. DeTomasio		Treasurer Name Domenic Colarusso		
Street Address 613 Cranston Street		Street Address 20 Hybrid Avenue		
City Providence	State RI	Zip 02907	City Cranston	State RI
		Zip 02920		
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Domenic Colarusso		Director Name Carmine D. DeTomasio		
Street Address 20 Hybrid Avenue		Street Address 613 Cranston Street		
City Cranston	State RI	Zip 02920	City Providence	State RI
		Zip 02907		
Director Name None		Director Name None		
Street Address		Street Address		
City	State	Zip	City	State
		Zip		
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class/Series	Par Value	ISSUED SHARES — THIS SECTION MUST BE COMPLETED	
600 COMM NO PAR VALUE			Number of Shares	Class/Series
			300	Common
				No Par
THIS SECTION MUST BE COMPLETED				

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SECRETARY OF STATE
CORPORATIONS DIV
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AMP/CI

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date **FILED**
Check No. **SEP 08 2008**
By: **By** 9/07
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Domenic Colarusso 9/5/08
Signature Date
Domenic Colarusso
Print or Type Name
President
Title