



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 02904-2611  
401.222.3041

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2011**

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. 38634	2. Name of Corporation Block Island Pharmacy, Ltd.
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3. Street Address Principal Business Office High Street	City Block Island	State RI	Zip 02807
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4. Business Phone No. 401-466-5825	5. State of Incorporation Rhode Island
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6. Brief Description of the Character of Business Conducted in Rhode Island

To operate a health and general store

**7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name Bennet I. Wohl	Vice President Name Kenneth Wohl
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Street Address Payne Road	Street Address 151 Kinderkamack Road
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City Block Island	State RI	Zip 02807	City Westwood	State NJ	Zip 07675
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Secretary Name Toubé Wohl	Treasurer Name Bennet I. Wohl
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Street Address Payne Road	Street Address Payne Road
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City Block Island	State RI	Zip 02807	City Block Island	State RI	Zip 02807
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**8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name Bennet I. Wohl	Director Name Kenneth Wohl
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Street Address Payne Road	Street Address 151 Kinderkamack Road
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City Block Island	State RI	Zip 02807	City Westwood	State NJ	Zip 07675
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Director Name Toubé Wohl	Director Name
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Street Address Payne Road	Street Address
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City Block Island	State RI	Zip 02807	City	State	Zip
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**9. SHARES AUTHORIZED**

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

**10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	A	No Par Value
THIS SECTION MUST BE COMPLETED		

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	<b>FILED</b>
Check No.	FEB 04 2011
By	15328
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.

*Bennet Wohl* 1-26-11  
Signature Date

BENNET I. WOHL  
Print or Type Name

President  
Title