



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012**

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. <b>571383</b>		2. Exact name of the Corporation <b>APOTHACA, INC</b>			
3. Principal office address <b>17 COVENTRY SHOPPERS PARK</b>			City <b>COVENTRY</b>	State <b>RI</b>	Zip <b>02816</b>
4. Business Phone No. <b>401-823-0000</b>			5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>RETAIL PHARMACY BUSINESS</b>					
President Name <b>DAVID HUGHES</b>			Vice-President Name <b>GREGG PENNINGTON</b>		
Street Address <b>425 MAIN STREET UNIT #1</b>			Street Address <b>34 SHANNON RD</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EXETER</b>	State <b>RI</b>	Zip <b>02822</b>
Secretary Name <b>DAVID HUGHES</b>			Treasurer Name <b>DAVID HUGHES</b>		
Street Address <b>425 MAIN STREET UNIT #1</b>			Street Address <b>425 MAIN STREET UNIT #1</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>					
Director Name <b>MICHAEL CERSOSIMO</b>			Director Name <b>GREGORY SOSCIA</b>		
Street Address <b>6 COLE FARM ROAD</b>			Street Address <b>120 BARBS HILL ROAD</b>		
City <b>WARWICK</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>GREENE</b>	State <b>RI</b>	Zip <b>02827</b>
Director Name <b>PAMELA SCHEER</b>			Director Name <b>JULIE FORREST</b>		
Street Address <b>360 GRAND VIEW DRIVE</b>			Street Address <b>678 PARK AVE</b>		
City <b>EAST GREENWICH</b>	State <b>RI</b>	Zip <b>02818</b>	City <b>CRANSTON</b>	State <b>RI</b>	Zip <b>02910</b>
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED (X) BOX FOR ATTACHMENT</b> <input type="checkbox"/>		
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			NONE		
			NONE		

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 \_\_\_\_\_  
 Check No. \_\_\_\_\_  
 By: \_\_\_\_\_  
**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.

**FILED**

JUL 23 2012

BY 579

 **07/21/2012**  
 Signature of Authorized Representative Date  
**DAVID HUGHES, PRESIDENT**  
 Print or Type Name of Authorized Representative