



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 2013

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.

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|-----------------------------------------------------------------------------------------|--|---------------------------------------------------------------|--------------------|---------------------|
| 1. Entity ID No. <u>3880</u> | | 2. Exact name of the Corporation <u>Central Drug, INC.</u> | | |
| 3. Principal office address <u>1060 Broad Street</u> | | City <u>Central Falls</u> | State <u>RI</u> | Zip <u>02863</u> |
| 4. Business Phone No. <u>(401) 725-1642</u> | | 5. State of Incorporation <u>Rhode Island</u> | | |
| 6. Brief description of the character of business conducted in Rhode Island <u>✓</u> | | | | |

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|---------------------------------------------|--------------------|---------------------|-----------------------------------------------|--------------------|---------------------|
| President Name <u>Vincent W. Bilotti</u> | | | Vice-President Name <u>Donald A. Brien</u> | | |
| Street Address <u>195 Wrentham Road</u> | | | Street Address <u>211 Table Rock Road</u> | | |
| City <u>Cumberland</u> | State <u>RI</u> | Zip <u>02864</u> | City <u>Wakefield</u> | State <u>RI</u> | Zip <u>02879</u> |
| Secretary Name <u>Vincent W. Bilotti</u> | | | Treasurer Name <u>Donald A. Brien</u> | | |
| Street Address <u>(Same as above)</u> | | | Street Address <u>(Same as above)</u> | | |
| City | State | Zip | City | State | Zip |

| | | | | | |
|--------------------------------------------|-------|-----|------------------------------------------|-------|-----|
| Director Name <u>Vincent W. Bilotti</u> | | | Director Name <u>Donald A. Brien</u> | | |
| Street Address <u>(Same as above)</u> | | | Street Address <u>(Same as above)</u> | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------|---------------------|
| 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 |
| | <u>5</u> | <u>Common</u> | <u>no Par Value</u> |

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.

FILED

JAN 24 2013

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.

Vincent W. Bilotti 1/22/13
 Signature of Authorized Representative Date

BY 53558

Vincent W. Bilotti
 Print or Type Name of Authorized Representative