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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 2014

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.	2. Exact name of the Corporation
38634	Block Island Pharmacy, Inc.

3. Principal office address	City	State	Zip
High Street	Block Island	RI	02807

4. Business Phone No.	5. State of Incorporation
401-466-5825	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
To operate a health and general store

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Bennet I. Wohl	P. O. Box 537	Block Island	RI	02807

Vice-President Name	Street Address	City	State	Zip
Kenneth Wohl	151 Kinderkamack Road	Westwood	NJ	07675

Secretary Name	Street Address	City	State	Zip
Toube Wohl	P. O. Box 537	Block Island	RI	02807

Treasurer Name	Street Address	City	State	Zip
Bennet I. Wohl	P. O. Box 537	Block Island	RI	02807

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Bennet I. Wohl	P. O. Box 537	Block Island	RI	02807

Director Name	Street Address	City	State	Zip
Kenneth Wohl	151 Kinderkamack Road	Westwood	NJ	07675

Director Name	Street Address	City	State	Zip
Toube Wohl	P. O. Box 537	Block Island	RI	02807

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
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.	200	A	No Par Value

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
FEB 10 2014
BY

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.

Bennet I Wohl 1-25-2014
Signature of Authorized Representative Date

BENNET I. WOHL
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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