

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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 ATWOOD PRESCRIPTION CENTER, INC.				
3. Principal office address 1524 Atwood Avenue			City Johnston	State RI	Zip 02919	
4. Business Phone No. (401) 831-0100			5. State of Incorporation Rhode Island			
Brief description of the character BHARMACY	racter of business	s conducted in Rhode Islan	nd			
Prosident Name	OF SUPERIOR		Vice-President Name	and the second s	the process of the section of the constitution of the section of t	
Michael V. Roberto			Pamela N. Roberto			
Stroet Address 14 A Tamarac Drive			Street Address 14 A Tamarac Drive			
City Greenville	State RI	2lp 02828	City Greenville	State RI	^{Zip} 02828	
Secretary Name Michael J. Roberto			Treasurer Name Michael V. Roberto			
treet Address SAME			Streel Address SAME			
City	State	Zip	City	State	Zip	
Director Name Michael V. Roberto	MESANDADI	ACCOMING PRODUCTION ACCORDING	Director Name			
Street Address SAME			Street Address			
City	State	Žiρ	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
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			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
his information is currently of record in the Office of the Secretary of State. Changes require an additional filing, the Secretary is Society of Instruction sheet.		100	COMMON	NO PAR		
This report must be execute	d on behalf of the	corporation by an authorized to executed on board of	of the corporation by the r	corporation is in the hands aceiver or mustee. erjury, I declare and aftir		
FILLD			this report, including any accompanying schedules and statement and that all statements contained begin are true and correct.			
Bicar to		FEB 0 5 2015	Malaf Mille 1/3d 1/3			
rogernation of the	TE 2012 DIV	13475	Signature of Authorized Representative Date Michael V, Roberto			
			Print or Type Name of Authorized Representativo			

Revised: 01/2012