



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 **2015**

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. 62750		2. Exact name of the Corporation McQUADE'S PHARMACY, INC.			
3. Principal office address 106 Main Street			City Westerly	State RI	Zip 02891
4. Business Phone No. (401) 596 2054			5. State of Incorporation RHODE ISLAND		
6. Brief description of the character of business conducted in Rhode Island RETAIL PHARMACY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael J. McQuade			Vice-President Name Peter J. Solomon		
Street Address 112 Riverside Drive			Street Address 42 Longview Avenue		
City Pawcatuck	State CT	Zip 06379	City Cranston	State RI	Zip 02910
Secretary Name Peter J. Solomon			Treasurer Name Michael J. McQuade		
Street Address 42 Longview Avenue			Street Address 112 Riverside Drive		
City Cranston	State RI	Zip 02910	City Pawcatuck	State CT	Zip 06379
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael J. McQuade			Director Name Peter J. Solomon		
Street Address 112 Riverside Drive			Street Address 42 Longview Avenue		
City Pawcatuck	State CT	Zip 06379	City Cranston	State RI	Zip 02910
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <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
			100	Common	1.00

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.

Michael J. McQuade 28 Jan
 Signature of Authorized Representative Date

FILED

Michael J. McQuade
 Print or Type Name of Authorized Representative

FEB 13 2015

BY 9385