



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) 222-5040 ~ 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. 82322		2. Exact name of the Corporation Howell Smith Druggist, Inc.			
3. Principal office address 749 Central Ave.			City Pawtucket	State RI	Zip 02861
4. Business Phone No. (401) 725-7711			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island to operate a retail drug business					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Howell J. Smith, III			Vice-President Name None		
Street Address 32 Davis St.			Street Address		
City Seekonk	State MA	Zip 02771	City	State	Zip
Secretary Name Janet Smith			Treasurer Name Howell J. Smith, III		
Street Address 28 Wilton Ave.			Street Address 32 Davis St.		
City Pawtucket	State RI	Zip 02861	City Seekonk	State MA	Zip 02771
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Howell J. Smith, III			Director Name Janet Smith		
Street Address 32 Davis St.			Street Address 28 Wilton Ave.		
City Seekonk	State MA	Zip 02771	City Pawtucket	State RI	Zip 02861
Director Name None			Director Name None		
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
			120	Class A Common	\$1 Par
			1080	Class B Common	\$1 Par

2015 FEB -9 AM 11:39
 SECRETARY OF STATE
 CORPORATIONS DIV

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.

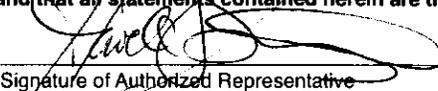
File Date _____
 Check No. _____
 By: _____
 FOR SECRETARY OF STATE USE ONLY

FILED

FEB 19 2015

BY 45180

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.


 Signature of Authorized Representative _____ Date 2/7/15
Howell J. Smith, III

Print or Type Name of Authorized Representative