



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. <b>82322</b>		2. Exact name of the Corporation <b>Howell Smith Druggist, Inc.</b>			
3. Principal office address <b>749 Central Ave.</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
4. Business Phone No. <b>(401) 725-7711</b>			5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>to operate a retail drug business</b>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <b>Howell J. Smith, III</b>			Vice-President Name <b>None</b>		
Street Address <b>32 Davis St.</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
Secretary Name <b>Janet Smith</b>			Treasurer Name <b>Howell J. Smith, III</b>		
Street Address <b>28 Wilton Ave.</b>			Street Address <b>32 Davis St.</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>	City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <b>Howell J. Smith, III</b>			Director Name <b>Janet Smith</b>		
Street Address <b>32 Davis St.</b>			Street Address <b>28 Wilton Ave.</b>		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02861</b>
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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: \_\_\_\_\_

**FILED**

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

**Howell J. Smith, III**

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY

**FEB 19 2015**

Form No. 630  
 Revised: 01/2012

**BY**

**45180**