

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS Office of the Secretary of State - Division of Business Services

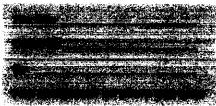
148 W. River Street, Providence, Rhode Island 02904-2615

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

1. Entity ID No. 43320	2. Exact nar	2. Exact name of the Corporation PHRED'S DRUG, INC				
3. Principal office address PO BOX 20250		-	City CRANSTON	State RI	Zip 02920	
4. Business Phone No. 401-943-4985			5. State of Incorporation RI			
6. Brief description of the cha RETAIL DRUG STOR	aracter of business RE AND RELA	s conducted in Rhode Islan TED SALES	d		• • • • • • • • • • • • • • • • • • • •	
President Name CHARLES L ROSSI			Vice-President Name MICHAEL C ROSSI			
Street Address 34 HIGHLAND STREET			Street Address 270 ALPINE ESTATES DRIVE			
CRANSTON	State RI	Zip 02920	CRANSTON	State RI	Zip 02921	
Secretary Name CHARLES L ROSSI			Treasurer Name JAMES J ROSSI			
Street Address 34 HIGHLAND STREET			Street Address 34 HIGHLAND STREET			
CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920	
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Director Name NONE			Director Name		**	
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
The second secon		1984 1985 1985 1985 1985	<u> </u>	the second second second		
ಾರ್ಯವಾಗಿಯ ಕಂಪ್ರಾಕ್ ಯಾಗು	rando en la popular de la companya d	Tale of the second control of the March 1999	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.			100	Common Class A	NONE	
See Section 9 of instruction			400	Common Class B		
This report must be executed	d on behalf of the o this report mus	corporation by an authorize It be executed on behalf of	d representative. If the c the corporation by the re	corporation is in the hands o eceiver or trustee.	f a receiver or trustee,	
			Under penalty of pe	erjury, I declare and affirm	that I have examined	



Form No. 630 Revised: 01/2012 **FILED**

Signature of Authorized Representative

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

CHARLES L ROSSI, PRESIDENT

JAN 2 9 2016 Print or Type Name of Authorized Representative