



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 2016

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. 43320		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 character of business conducted in Rhode Island RETAIL DRUG STORE AND RELATED SALES					
PRESIDENT					
President Name CHARLES L ROSSI			Vice-President Name MICHAEL C ROSSI		
Street Address 34 HIGHLAND STREET			Street Address 270 ALPINE ESTATES DRIVE		
City CRANSTON	State RI	Zip 02920	City 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		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
DIRECTORS					
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
SHARES					
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 Class A	NONE	
		400	Common Class B		

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.

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

CHARLES L ROSSI, PRESIDENT

Print or Type Name of Authorized Representative

FILED

JAN 29 2016

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