



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Non-Profit
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000114043

2. Name of Corporation CVS Foundation, Inc.

3. State of Incorporation

State: DE

4. Corporate Address in Rhode Island

No. and Street: ONE CVS DRIVE

City or Town: WOONSOCKET

State: RI

Zip: 02895

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

GRANTING EDUCATIONAL LOANS AND SCHOLARSHIPS, MAKING DONATIONS TO ORGANIZATIONS, OR FOR THE PREVENTION OF CRUELTY TO CHILDREN OR ANIMALS AND PROVIDING FINANCIAL ASSISTANCE IN THE FORM OF GIFTS, LOANS.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
VICE PRESIDENT/SECRETARY	THOMAS S MOFFATT	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
VICE PRESIDENT/TREASURER	CAROL A DENALE	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
DIRECTOR	CAROL A DENALE	ONE CVS DRIVE WOONSOCKET, RI 02895 USA

DIRECTOR	EILEEN H BOONE	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
DIRECTOR	THOMAS S MOFFATT	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
ASSISTANT TREASURER	JEFFREY E CLARK	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
ASSISTANT SECRETARY	MELANIE K LUKER	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
PRESIDENT	EILEEN H BOONE	ONE CVS DRIVE WOONSOCKET, RI 02895 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST
PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 21 Day of June, 2016 at 10:05:13 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By THOMAS S. MOFFATT
Signature of Authorized Person

Form No. 631
Revised 09/07

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