



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

**Non-Profit Corporation
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. 000109710

2. Name of Corporation CVS Health Charity Classic, Inc.

3. State of Incorporation

State: RI

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

CHARITABLE, EDUCATIONAL AND SCIENTIFIC PURPOSES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
TREASURER	CAROL A. DENALE	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
SECRETARY	THOMAS S. MOFFATT	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
VICE PRESIDENT	CAROL A DENALE	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/DIRECTOR	EILEEN H. BOONE	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
DIRECTOR	WAYNE CHARNESS	HASBRO WAY PAWTUCKET, RI 02860 USA
DIRECTOR	MARK G. KOLLIGIAN	4 MICHAEL RD FRANKLIN, MA 02038

**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 10:11:13 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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