

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

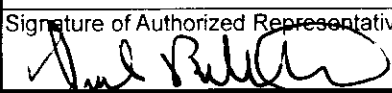
Annual Report for the year: **2017**

Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 15407		2. Exact name of the Corporation WAKEFIELD PRESCRIPTION CENTER, INC.			
3. Principal Office Address 580 Kingstown Road		City Wakefield		State RI	Zip 02879
4. NAICS Code 62 - Health Care and Social As	6. Brief description of the character of business conducted in Rhode Island DRUG STORE-PHARMACY				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Joel Rittner		Vice-President Name Marc Rittner			
Street Address 580 Kingstown Road		Street Address 580 Kingstown Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Marc Rittner		Treasurer Name Joel Rittner			
Street Address 580 Kingstown Road		Street Address 580 Kingstown Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joel Rittner		Director Name Marc Rittner			
Street Address 580 Kingstown Road		Street Address 580 Kingstown Road			
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Director Name None		Director Name None			
Street Address		Street Address			
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued		CLASS/SERIES	
		NUMBER OF SHARES		PAR VALUE	
		100	Common	No Par	
11. 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.					
Name of Authorized Representative Joel Rittner				Date 1-11-17	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

BY

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JAN 17 2017

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