



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 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. NAICS Code 81 - Other Services (except)		6. Brief description of the character of business conducted in Rhode Island RETAIL DRUG STORE AND RELATED SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" type="checkbox"/>					
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
9. Shares Authorized		10. Shares Issued 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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		300		COMMON	NONE
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 CHARLES L. ROSSI, PRESIDENT					Date 1/27/17
Signature of Authorized Representative 					

SIGN DOCUMENT HERE
FILED

FEB 10 2017

BY 29741