



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 82322		2. Exact name of the Corporation Howell Smith Druggist, Inc.					
3. Principal Office Address 749 Central Ave.				City Pawtucket		State RI	Zip 02861
4. Business Phone Number (401) 725-7711				5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island to operate a retail drug business							
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
President Name Howell J. Smith, III				Vice-President Name None			
Street Address 32 Davis St.				Street Address			
City Seekonk		State MA	Zip 02771	City		State	Zip
Secretary Name Janet Smith				Treasurer Name Howell J. Smith, III			
Street Address 28 Wilton Ave.				Street Address 32 Davis St.			
City Pawtucket		State RI	Zip 02861	City Seekonk		State MA	Zip 02771
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>							
Director Name Howell J. Smith, III				Director Name Janet Smith			
Street Address 32 Davis St.				Street Address 28 Wilton Ave.			
City Seekonk		State MA	Zip 02771	City Pawtucket		State RI	Zip 02861
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
				120		Class A Common	\$1 Par
				1080		Class B Common	\$1 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 Howell J. Smith, III						Date 3/1/17	
Signature of Authorized Representative 						SIGN DOCUMENT HERE	

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

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 MAR 15 2017
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