



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2017

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 1576		2. Exact name of the Corporation ATWOOD PRESCRIPTION CENTER, INC.			
3. Principal office address 1524 Atwood Avenue			City Johnston	State RI	Zip 02919
4. Business Phone No. (401) 831-0100			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island PHARMACY					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Michael V. Roberto			Vice-President Name Pamela N. Roberto		
Street Address 14 A Tamarac Drive			Street Address 14 A Tamarac Drive		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Michael J. Roberto			Treasurer Name Michael V. Roberto		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Michael V. Roberto			Director Name		
Street Address SAME			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 ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	COMMON	NO PAR

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.

File Date _____
 Check No _____
 By: _____

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.

Michael V. Roberto 3/14/17
 Signature of Authorized Representative Date

FOR SECRETARY OF STATE USE ONLY
 Form No. 630
 Revised: 01/2012

FILED

Michael V. Roberto
 Print or Type Name of Authorized Representative

MAR 20 2017

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