



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

Annual Report for the year: 2018
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 000062750		2. Exact name of the Corporation McQUADE'S PHARMACY, INC.			
3. Principal Office Address 106 Main Street			City Westerly	State RI	Zip 02891
4. NAICS Code 446110		6. Brief description of the character of business conducted in Rhode Island RETAIL 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 Michael J. McQuade			Vice-President Name Peter J. Solomon		
Street Address 112 Riverside Drive			Street Address 42 Longvue Avenue		
City Pawcatuck	State CT	Zip 06379	City Cranston	State RI	Zip 02910
Secretary Name Peter J. Solomon			Treasurer Name Michael J. McQuade		
Street Address 42 Longvue Avenue			Street Address 112 Riverside Drive		
City Cranston	State RI	Zip 02910	City Pawcatuck	State CT	Zip 06379
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Michael J. McQuade			Director Name Peter J. Solomon		
Street Address 112 Riverside Drive			Street Address 42 Longvue Avenue		
City Pawcatuck	State CT	Zip 06379	City Cranston	State RI	Zip 02910
Director Name			Director Name		
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		Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES Common	PAR VALUE 1.00	
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 <i>Michael J. McQuade</i>				Date 10 Jan 18	
Signature of Authorized Representative					

SIGN DOCUMENT HERE **FILED**

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

JAN 18 2018

BY *[Signature]* 10589