



State of Rhode Island and Providence Plantations

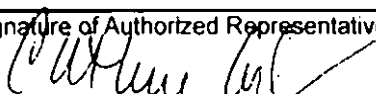
Department of State - Business Services Division

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 540681		2. Exact name of the Corporation PHARMCOR CONSULTANTS, INC.			
3. Principal Office Address 28 Southwinds Drive, Unit #3		City South Kingstown		State RI	Zip 02879
4. NAICS Code 541618		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PHARMACY AND CONSULTANT SERVICES TO ORGANIZATIONS, PRACTITIONERS AND OTHER ENTITIES			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Catherine Cordy			Vice-President Name Vacant		
Street Address 28 Southwinds Drive, Unit #3			Street Address		
City South Kingstown	State RI	Zip 02879	City	State	Zip
Secretary Name Catherine Cordy			Treasurer Name Catherine Cordy		
Street Address 28 Southwinds Drive, Unit #3			Street Address 28 Southwinds Drive, Unit #3		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name Catherine Cordy			Director Name		
Street Address 28 Southwinds Drive, Unit #3			Street Address		
City South Kingstown	State RI	Zip 02879	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment ☐					
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 ☐		
			NUMBER OF SHARES 100	CLASS/SERIES COMMON	PAR VALUE 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 CATHERINE CORDY					Date 1/31/2018
Signature of Authorized Representative 					

FILED

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.govFEB 26 2018
BY 1114 QS

FORM 630 - Revised: 10/2017