



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

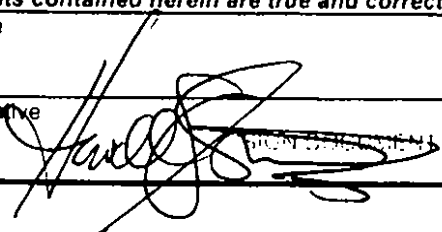
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

FEB 26 2018

BY

45920

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. NAICS Code 446110		6. Brief description of the character of business conducted in Rhode Island to operate a retail drug business			
5. State of Incorporation RI					
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
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
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 2/26/18
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017