



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 038634		2 Exact name of the Corporation Block Island Pharmacy, Ltd.	
3 Principal Office Address Mohegan Trail		City Block Island	State RI
		Zip 02807	
4 NAICS Code 445120	6 Brief description of the character of business conducted in Rhode Island Operate a health and general store		
5 State of Incorporation RI			
7 List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Benett Wohl BENNET Wohl		Vice-President Name Kenneth Wohl	
Street Address PO Box 537		Street Address 151 Kinderkamack Road	
City Block Island	State RI	City Westwood	State NJ
Secretary Name Toube Wohl		Treasurer Name Benett Wohl	
Street Address PO Box 537		Street Address PO Box 537	
City Block Island	State RI	City Block Island	State RI
		Zip 02807	
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Benett Wohl BENNET WOHL		Director Name Kenneth Wohl	
Street Address PO Box 537		Street Address 151 Kinderkamack Road	
City Block Island	State RI	City Westwood	State NJ
Director Name Toube Wohl		Director Name	
Street Address PO Box 537		Street Address	
City Block Island	State RI	City	State
		Zip	
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.		NUMBER OF SHARES	
Changes require an additional filing.		CLASS/SERIES	
		PAR VALUE	
		100	A
			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 Benett Wohl BENNET WOHL			Date 9/10/18
Signature of Authorized Representative <i>[Signature]</i>			

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

SEP 26 2018
BY 16950 DS

FORM 630 - Revised: 10/2017