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	2 Exact name of the Corporation
038634	Block Island Pharmacy, Ltd.

3 Principal Office Address	City	State	Zip
Mohegan Trail	Block Island	RI	02807

4 NAICS Code	6 Bnef description of the character of business conducted in Rhode Island
445120	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 ☐

President Name	Vice-President Name
Benett Wohl BENNET WOHL	Kenneth Wohl
Street Address: PO Box 537	Street Address: 151 Kinderkamack Road
City: Block Island; State: RI; Zip: 02807	City: Westwood; State: NJ; Zip:
Secretary Name: Toube Wohl	Treasurer Name: Benett Wohl
Street Address: PO Box 537	Street Address: PO Box 537
City: Block Island; State: RI; Zip: 02807	City: Block Island; State: RI; Zip: 07675

8 List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
~~Benett Wohl~~ BENNET WOHL	Kenneth Wohl
Street Address: PO Box 537	Street Address: 151 Kinderkamack Road
City: Block Island; State: RI; Zip: 02807	City: Westwood; State: NJ; Zip: 07675
Director Name: Toube Wohl	Director Name:
Street Address: PO Box 537	Street Address:
City: Block Island; State: RI; Zip: 02807	City: ; State: ; Zip:

9 Shares Authorized — **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	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	Date
Benett Wohl BENNET WOHL	9/10/18

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.gov

SEP 26 2018
BY 160950 DS

FORM 630 - Revised: 10/2017