



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3010

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 1121		2. Name of Corporation Anthonys Drug Stores, Inc.			
3. Street Address Principal Business Office 219 Manton ave		City Prov		State r.l.	Zip 02909
4. Business Phone No. 351-9495		5. State of Incorporation RHODE ISLAND			6. SIC Code 3277
7. Brief Description of the Character of Business Conducted in Rhode Island DRUG SALES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sarah Solomon			Vice President Name Anthony E. Solomon		
Street Address 65 Modena ave			Street Address 173 Woodhaven Blvd		
City Prov	State R.l.	Zip 02909	City N. Prov	State R.l.	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony J Solomon chairman			Director Name		
Street Address 65 Modena ave			Street Address		
City prov	State r.i.	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES 100 no par value			ISSUED SHARES ( )		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	1/4/05
Check No.	24968
By:	AS.
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer *[Signature]* Date 12-31-2004  
Print or Type Name of Officer Anthony J Solomon  
Title of Officer Chairman



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 1121		2. Name of Corporation Anthonys Drug Stores, Inc.			
3. Street Address Principal Business Office 219 Hanton ave			City Prov	State ri	Zip 02109
4. Business Phone No. 351-9495		5. State of Incorporation RHODE ISLAND			6. SIC Code 3277
7. Brief Description of the Character of Business Conducted in Rhode Island DRUG SALES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Sarah Solomon			Vice President Name Anthony E Solomon		
Street Address 65 modena ave			Street Address same		
City Prov	State RI	Zip 02109	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Anthony J Solomon chairman			Director Name chairman		
Street Address same			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES 100 no par value			ISSUED SHARES 0		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 COMM NO PAR VALUE					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 2 1 \*

File Date	12/30/03
Check No.	24305
By:	
FOR SECRETARY OF STATE USE ONLY	

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.

Signature of Officer		Date	12-27-2004
Print or Type Name of Officer	Anthony J Solomon		
Title of Officer	Chairman		



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 1121 2. Name of Corporation Anthony's Drug Stores, Inc.

3. Street Address Principal Business Office

City

State

Zip

219 Manton Ave

Prov.

r.i.

4. Business Phone No.

5. State of Incorporation

6. SIC Code

351-9495

RHODE ISLAND

3277

7. Brief Description of the Character of Business Conducted in Rhode Island

main task is filling prescriptions

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Vice President Name

Sarah R Solomon

Anthony E Solomon

Street Address

Street Address

65 Modena ave

83 Woodhaven Blvd

City

City

State

Zip

Prov

r.i.

02903

N.Prov

r.i

02911

Secretary Name

Treasurer Name

Anthony E Solomon

Sarah Solomon

Street Address

Street Address

same above

same above

City

City

State

Zip

State

Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Director Name

Anthony J Solomon-Chairman

Street Address

Street Address

65 Modena Ave

City

City

State

Zip

State

Zip

Prov.r.i.

02908

Director Name

Director Name

Street Address

Street Address

City

City

State

Zip

State

Zip

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100 COMM NO PAR VALUE

0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 2 1 \*

File Date: 1-9-03

Check No.: 023617

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

[Signature] 1-7-2003  
Signature of Officer Date

Anthony E Solomon

Print or Type Name of Officer

Sec.

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR** 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 1121 2. Name of Corporation Anthony's Drug Stores inc.  
3. Street Address Principal Business Office 219 Manton Ave City Providence State R.I. Zip 02909  
4. Business Phone No. 401-351-9495 5. State of Incorporation Rhode Island 6. SIC Code 3277  
7. Brief Description of the Character of Business Conducted in Rhode Island Drug Sales

**8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <u>Sarah R Solomon</u>	Vice President Name <u>Anthony E Solomon</u>
Street Address <u>65 Modena Ave</u>	Street Address <u>83 Woodhaven Blvd.</u>
City <u>Providence</u> State <u>R.I.</u> Zip <u>02908</u>	City <u>North Prov.</u> State <u>R.I.</u> Zip <u>02911</u>
Secretary Name <u>Anthony E Solomon</u>	Treasurer Name <u>Sarah R Solomon</u>
Street Address <u>same above</u>	Street Address <u>same above</u>
City _____ State _____ Zip _____	City _____ State _____ Zip _____

**9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name	Director Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Director Name	Director Name
Street Address	Street Address
City _____ State _____ Zip _____	City _____ State _____ Zip _____

**10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares 100 Shs Class/Series no par com Par Value \_\_\_\_\_

**11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares \_\_\_\_\_ Class/Series \_\_\_\_\_ Par Value \_\_\_\_\_

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: FILED

Check No.: APR 19 2002

By: By COPIA 576553

FOR SECRETARY OF STATE USE ONLY

Signature of Officer Anthony E Solomon Date 4-17-02

Print or Type Name of Officer Anthony E Solomon

Title of Officer Secretary



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 1121 2. Name of Corporation Anthony's Drug Stores, Inc.

3. Street Address Principal Business Office  
219 MANTON AVENUE City PROVIDENCE State RI Zip 02909  
4. Business Phone No. 401-351-9495 5. State of Incorporation RHODE ISLAND 6. 3277

7. Brief Description of the Character of Business Conducted in Rhode Island

DRUG SALES

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name <u>SARAH R. SOLOMON</u> Street Address <u>65 MODENA AVENUE</u> City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02908</u>	Vice President Name <u>ANTHONY E. SOLOMON</u> Street Address <u>65 MODENA AVENUE</u> City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02908</u>
Secretary Name <u>ANTHONY E. SOLOMON</u> Street Address <u>65 MODENA AVENUE</u> City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02908</u>	Treasurer Name <u>SARAH R. SOLOMON</u> Street Address <u>65 MODENA AVENUE</u> City <u>PROVIDENCE</u> State <u>RI</u> Zip <u>02908</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name <u>NONE</u> Street Address  City _____ State _____ Zip _____	Director Name  Street Address  City _____ State _____ Zip _____
Director Name  Street Address  City _____ State _____ Zip _____	Director Name  Street Address  City _____ State _____ Zip _____

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
100 SHS NO PAR COM

11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES  
Number of Shares Class/Series Par Value  
0

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 2 1 \*

File Date: 5-9-01

Check No.: 22199

By: Ci

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Anthony E. Solomon Date \_\_\_\_\_

ANTHONY E. SOLOMON

Print or Type Name of Officer

SECRETARY

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **1121** 2. Name of Corporation **Anthony's Drug Stores, Inc.**  
3. Street Address Principal Business Office **219 MANTON AVENUE** City **PROVIDENCE** State **RI** Zip **02909**  
4. Business Phone No. **401-351-9495** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3277**  
7. Brief Description of the Character of Business Conducted in Rhode Island **DRUG SALES**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name <b>SARAH R. SOLOMON</b>	Vice President Name <b>ANTHONY E. SOLOMON</b>
Street Address <b>65 MODENA AVENUE</b>	Street Address <b>65 MODENA AVENUE</b>
City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02908</b>	City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02908</b>
Secretary Name <b>ANTHONY E. SOLOMON</b>	Treasurer Name <b>SARAH R. SOLOMON</b>
Street Address <b>65 MODENA AVENUE</b>	Street Address <b>65 MODENA AVENUE</b>
City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02908</b>	City <b>PROVIDENCE</b> State <b>RI</b> Zip <b>02908</b>

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name <b>NONE</b>	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
<b>100 SHS NO PAR COM</b>		

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares	Class/Series	Par Value
<b>50</b>	<b>COMMON</b>	<b>NONE</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 2 1 \*

File Date: 3/17/00

Check No.: 21128

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

**ANTHONY E. SOLOMON**

Print or Type Name of Officer

**SECRETARY**

Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **1121** 2. Name of Corporation **Anthony's Drug Stores, Inc.**

3. Street Address Principal Business Office **219 MANTON AVENUE** City **PROVIDENCE** State **RI** Zip **02909**

4. Business Phone No. **401-351-9495** 5. State of Incorporation **116** 6. SIC Code **3277**

7. Brief Description of the Character of Business Conducted in Rhode Island

**DRUG SALES**

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **SARAH R. SOLOMON** Vice President Name **ANTHONY E. SOLOMON**

Street Address **65 MODENA AVENUE** Street Address **65 MODENA AVENUE**

City **PROVIDENCE** State **RI** Zip **02908** City **PROVIDENCE** State **RI** Zip **02908**

Secretary Name **ANTHONY E. SOLOMON** Treasurer Name **SARAH R. SOLOMON**

Street Address **65 MODENA AVENUE** Street Address **65 MODENA AVENUE**

City **PROVIDENCE** State **RI** Zip **02908** City **PROVIDENCE** State **RI** Zip **02908**

9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **NONE** Director Name

Street Address Street Address

City State Zip City State Zip

Director Name Director Name

Street Address Street Address

City State Zip City State Zip

10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT) 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES ISSUED SHARES  
Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value

**100 SHS NO PAR COM**

**50 COMMON NONE**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **Feb 24 1999**

Check No: **10357**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **[Signature]** Date **1-28-99**

**ANTHONY E. SOLOMON**

Print or Type Name of Officer

**SECRETARY**

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

1121

2. Name of Corporation

Anthony's Drug Stores, Inc.

3. Street Address Principal Business Office

219 MANTON AVENUE

City

PROVIDENCE

State

RI

Zip

02909

4. Business Phone No.

401-351-9495

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3277

7. Brief Description of the Character of Business Conducted in Rhode Island

DRUG SALES

## 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT)

President Name

SARAH R. SOLOMON

Street Address

65 MODENA AVENUE

City

State

Zip

PROVIDENCE

RI

02908

Secretary Name

ANTHONY E. SOLOMON

Street Address

65 MODENA AVENUE

City

State

Zip

PROVIDENCE

RI

02908

## 9. NAMES AND ADDRESSES OF THE DIRECTORS (\*X\* BOX FOR ATTACHMENT)

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

Vice President Name

ANTHONY E. SOLOMON

Street Address

65 MODENA AVENUE

City

State

Zip

PROVIDENCE

RI

02908

Treasurer Name

SARAH R. SOLOMON

Street Address

65 MODENA AVENUE

City

State

Zip

PROVIDENCE

RI

02908

## 10. SHARES AUTHORIZED (\*X\* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

100 SHS NO PAR COM

## 11. SHARES ISSUED (\*X\* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

50

COMMON

NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 2 1 \*

File Date: 2/25/98

Check No.: 19573

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature] Date

ANTHONY E. SOLOMON

Print or Type Name of Officer

SECRETARY

Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

1121

2. Name of Corporation

Anthony's Drug Stores, Inc.

3. Street Address Principal Business Office

City

State

Zip

219 MANTON AVENUE

PROVIDENCE

RI

02909

4. Business Phone No.

5. State of Incorporation

RHODE ISLAND

6. SIC Code

3277

401-351-9495

7. Brief Description of the Character of Business Conducted in Rhode Island

DRUG-SALES

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

Vice President Name

SARAH R. SOLOMON

ANTHONY E. SOLOMON

Street Address

Street Address

65 MODENA AVENUE

65 MODENA AVENUE

City State Zip

City State Zip

PROVIDENCE

RI

02908

PROVIDENCE

RI.

02908.

Secretary Name

Treasurer Name

ANTHONY E. SOLOMON

SARAH R. SOLOMON

Street Address

Street Address

65 MODENA AVENUE

65 MODENA AVENUE

City State Zip

City State Zip

PROVIDENCE

RI

02908

PROVIDENCE

RI

02908

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Director Name

NONE

Street Address

Street Address

City State Zip

City State Zip

Director Name

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

Number of Shares

Class/Series

Par Value

100 SHS NO PAR COM

50

COMMON

NONE

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 1 1 2 1 \*

File Date: 2/20/97

Check No.: 18698

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: [Signature] Date: 1/7/97

ANTHONY E. SOLOMON

Print or Type Name of Officer

SECRETARY

Title of Officer

# PROFIT CORPORATION ANNUAL REPORT

## 1996



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 1121 2. NAME OF CORPORATION Anthony's Drug Stores, Inc.  
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE CITY STATE ZIP CODE  
219 MANTON AVENUE PROVIDENCE RI 02909  
4. BUSINESS PHONE NO. 5. STATE OF INCORPORATION 6. SIC CODE  
401-351-9495 RHODE ISLAND 3277  
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND  
DRUG SALES

8. NAMES AND ADDRESSES OF THE OFFICERS  
PRESIDENT NAME VICE PRESIDENT NAME  
SARAH R. SOLOMON ANTHONY E. SOLOMON  
STREET ADDRESS STREET ADDRESS  
65 MODENA AVENUE 65 MODENA AVENUE  
CITY STATE ZIP CODE CITY STATE ZIP CODE  
PROVIDENCE RI 02908 PROVIDENCE RI 02908  
SECRETARY NAME TREASURER NAME  
ANTHONY E. SOLOMON SARAH R. SOLOMON  
STREET ADDRESS STREET ADDRESS  
65 MODENA AVENUE 65 MODENA AVENUE  
CITY STATE ZIP CODE CITY STATE ZIP CODE  
PROVIDENCE RI 02908 PROVIDENCE RI 02908

9. NAMES AND ADDRESSES OF THE DIRECTORS  
DIRECTOR NAME DIRECTOR NAME  
NONE  
STREET ADDRESS STREET ADDRESS  
CITY STATE ZIP CODE CITY STATE ZIP CODE  
DIRECTOR NAME DIRECTOR NAME  
STREET ADDRESS STREET ADDRESS  
CITY STATE ZIP CODE CITY STATE ZIP CODE

10. SHARES AUTHORIZED AND ISSUED  
AUTHORIZED SHARES ISSUED SHARES  
NUMBER OF SHARES CLASS / SERIES PAR VALUE NUMBER OF SHARES CLASS / SERIES PAR VALUE  
100 SHS NO PAR COM 50 COMMON NO PAR VALUE

This report must be **SIGNED IN INK** by either the  
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 2/8/96  
Check No: 17702  
By: CS/UP  
For Secretary of State Use Only

Signature of Officer  
ANTHONY E. SOLOMON  
Print or Type Name of Officer  
SECRETARY  
1/31/96  
Date



## Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

**ANNUAL REPORT**

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**Corporate ID: 0001121 Annual Report for the year: 1995Name of Corporation: Anthony's Drug Stores, Inc.Business entity organized under the laws of the State of: RI

For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

Brief statement of the character of business conducted in Rhode Island:

DRUG SALES219 MANTON AVENUE  
PROVIDENCE, RI 02909  
Phone: (401) 351-9495**THE NAMES OF THE OFFICERS ARE:**

PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

SARAH R. SOLOMON, 65 MODENA AVENUE, PROVIDENCE, RI

VICE PRESIDENT STREET ADDRESS CITY/STATE ZIP CODE

ANTHONY E. SOLOMON, 65 MODENA AVENUE, PROVIDENCE, RI

SECRETARY STREET ADDRESS CITY/STATE ZIP CODE

ANTHONY E. SOLOMON, 65 MODENA AVENUE, PROVIDENCE, RI

TREASURER STREET ADDRESS CITY/STATE ZIP CODE

SARAH R. SOLOMON, 65 MODENA AVENUE, PROVIDENCE, RI**THE NAMES OF THE DIRECTORS ARE:**

NAME STREET ADDRESS CITY/STATE ZIP CODE

NONE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NAME STREET ADDRESS CITY/STATE ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares

Class / Series

Number of Shares

Class / Series

100COMMON NO PAR VALUE50COMMON NO PAR VALUEDate FEBRUARY 7, 19 95

By:

ANTHONY E. SOLOMON

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING

SECRETARY

Form 3: 1/95

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

ANTHONY E. SCIARRETTA  
915 SMITH STREET  
PROVIDENCE RI 00000**FILED****FEB 24 1995**By CC. H. 56

Filing Fee \$50.00  
Payable to:  
Secretary of State

PLEASE TYPE or PRINT  
State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

1567 150 117  
File Annually  
LLC: Sept. 1 - Nov. 1  
CORP: Jan. 1 - March 1

Corporate ID: 0001121 Annual Report for the year: 1994

Name of Business Entity: Anthony's Drug Stores, Inc.

Business entity organized under the laws of the State of: RI  
Federal Taxpayer Identification Number: [REDACTED]  
For foreign entity, address and telephone number of principal office:

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

219 MANTON AVENUE  
PROVIDENCE, RI 02909

Phone: ( 401 ) 351-9495

Business Entity is (check one):

- ☒ Business Corporation (See RIGL Chapter 7-1.1)  
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)  
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

SARAH R. SOLOMON, PRESIDENT

219 MANTON AVENUE

PROVIDENCE, RI 02909

Brief statement of the character of business conducted in Rhode Island:

DRUG SALES

Date of Organization: 2/27/57

Date of Qualification to do business in Rhode Island (if foreign entity):

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One)			
	<u>SARAH R. SOLOMON, 65 MODENA AVENUE, PROVIDENCE, RI</u>		
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One)			
	<u>ANTHONY E. SOLOMON, 65 MODENA AVENUE, PROVIDENCE, RI</u>		
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One)			
	<u>ANTHONY E. SOLOMON, 65 MODENA AVENUE, PROVIDENCE, RI</u>		
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One)			
	<u>SARAH R. SOLOMON, 65 MODENA AVENUE, PROVIDENCE, RI</u>		

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>NONE</u>			
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (If Applicable)

NUMBER 100

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)

NUMBER 50

CLASS COMMON

SERIES

PAR VALUE OR WITHOUT PAR NO PAR VALUE

Date FEBRUARY 21, 19 94

By: [Signature]

ANTHONY E. SOLOMON

PRINT OR TYPE NAME OF OFFICER SIGNING

SECRETARY

TITLE OF OFFICER SIGNING

Form 31 1/94

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

ANTHONY B. SCIARRETTA  
915 SMITH STREET  
PROVIDENCE RI 00000

FILED

APR 6 1994

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....

Annual Report for the year.....

FIRST: The name of the corporation is.....

SECOND: It is incorporated under the laws of.....

THIRD: Character of business, briefly stated, is.....

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

NONE..... Director.....

..... Director.....

..... Director.....

SARAH R. SOLOMON..... President..... 65 MODENA AVENUE, PROVIDENCE, RI.....

ANTHONY E. SOLOMON..... Vice President..... SAME.....

ANTHONY E. SOLOMON..... Secretary..... SAME.....

SARAH R. SOLOMON..... Treasurer..... SAME.....

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

COMMON

PAID

MAR 12 1993

NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

50

COMMON

NO PAR VALUE

Dated..... FEBRUARY 16..... 19 93.

..... ANTHONYS DRUG STORES, INC.....  
(Name of Corporation)

By.....

(Report must be signed by an officer)

Title..... Vice President / Secretary

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903Corporate ID 0001121 Annual Report for the year 1992FIRST: The name of the corporation is Anthony's Drug Stores, Inc.SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is

DRUG SALES

FOURTH: If foreign corporation, address of its principal office.

N/A

FIFTH: Business address in Rhode Island

c/o 915 SMITH STREET, PROVIDENCE, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

NONE

Director

Director

Director

SARAH R. SOLOMON

President

65 MODENA AVENUE, PROVIDENCE, RI

ANTHONY E. SOLOMON

Vice President

SAME

ANTHONY E. SOLOMON

Secretary

SAME

SARA R. SOLOMON

Treasurer

SAME

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

COMMON

PAID NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

50

COMMON

NO PAR VALUE

Dated JANUARY 24 19 92ANTHONY'S DRUG STORES, INC.

(Name of Corporation)

By A. E. SolomonTitle Vice President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....0001121..... Annual Report for the year.....1991.....

FIRST: The name of the corporation is.....Anthony's Drug Stores, Inc.....

SECOND: It is incorporated under the laws of.....RHODE ISLAND.....

THIRD: Character of business, briefly stated, is.....

DRUG SALES

FOURTH: If foreign corporation, address of its principal office.....

N/A

FIFTH: Business address in Rhode Island.....

c/o 915 SMITH STREET, PROVIDENCE, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

NONE

Director

Director

Director

SARAH R. SOLOMON President 65 MODENA AVENUE, PROVIDENCE, RI

ANTHONY E. SOLOMON Vice President SAME

ANTHONY E. SOLOMON Secretary SAME

SARAH R. SOLOMON Treasurer SAME

SEVENTH: Number of Shares authorized:

No. of Shares

Class

100

COMMON

Series

Par Value  
or statement that  
shares are without  
par value

NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares

Class

50

COMMON

Series

Par Value  
or statement that  
shares are without  
par value

NO PAR VALUE

Dated.....APRIL 12.....19 91.....

.....ANTHONY'S DRUG STORES, INC.....  
(Name of Corporation)

By.....*Anthony E. Solomon*.....

Title.....*Secretary*.....

(Report must be signed by an officer)

## State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0001121 Annual Report for the year 1990

FIRST: The name of the corporation is Anthony's Drug Stores, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is

DRUG SALES

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

c/o 915 SMITH STREET, PROVIDENCE, RI 02908

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

SARAH R. SOLOMON President 65 MODENA AVENUE, PROVIDENCE RI

ANTHONY E. SOLOMON Vice President SAME

ANTHONY E. SOLOMON Secretary SAME

SARAH R. SOLOMON Treasurer SAME

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

COMMON

NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

50

COMMON

NO PAR VALUE

PAID

MAR 30 1990

SEC'Y. OF STATE

Dated FEBRUARY 21 19 90

ANTHONY'S DRUG STORES, INC.  
(Name of Corporation)By *A. E. Solomon*

Title Vice President &amp; Secretary

(Report must be signed by an officer)



Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0001121

Annual Report for the year 1989

FIRST: The name of the corporation is Anthony's Drug Stores, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is

DRUG SALES

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

c/o 915 SMITH STREET, PROVIDENCE, RI 02908

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

NONE

Director

Director

Director

SARAH R. SOLOMON

President

65 MODENA AVENUE, PROVIDENCE, RI

ANTHONY E. SOLOMON

Vice President

SAME

ANTHONY E. SOLOMON

Secretary

SAME

SARAH R. SOLOMON

Treasurer

SAME

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

COMMON

PAID

NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

50

COMMON

NO PAR VALUE

Dated FEBRUARY 23 19 89

ANTHONY'S DRUG STORES, INC.

(Name of Corporation)

By

*Sarah R. Solomon*

(Report must be signed by an officer)

Title PRESIDENT

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1121 Annual Report for the year 1988

FIRST: The name of the corporation is ANTHONY'S DRUG STORES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is

DRUG SALES

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

c/o 915 Smith Street, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

NONE

Director

Director

Director

SARAH R. SOLOMON

President

65 MODENA AVENUE, PROVIDENCE, RI

ANTHONY E. SOLOMON

Vice President

SAME

ANTHONY E. SOLOMON

Secretary

SAME

SARAH R. SOLOMON

Treasurer

SAME

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

COMMON

NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

50

COMMON

NO PAR VALUE

PAID

SECY. OF STATE

ANTHONY'S DRUG STORES, INC.

(Name of Corporation)

By

*Anthony E. Solomon*

Title

*Secretary + Vice President*

(Report must be signed by an officer)

Dated JANUARY 20 19 88

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1121 Annual Report for the year 1987

FIRST: The name of the corporation is Anthony's Drug Stores, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is DRUG SALES

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

c/o 915 Smith Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

NONE

Director

Director

Director

SARAH R. SOLOMON

President

65 Modena Avenue, Providence, RI

ANTHONY E. SOLOMON

Vice President

SAME

ANTHONY E. SOLOMON

Secretary

SAME

SARAH R. SOLOMON

Treasurer

SAME

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

Common

Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

50

Common

Without Par Value

Dated February 10 19 87

PAID

MAR 23 1987

ANTHONY'S DRUG STORES, INC.

(Name of Corporation)

By

Title

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....1121..... Annual Report for the year .....1986.....

FIRST: The name of the corporation is.....Anthonys Drug Stores, Inc.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....  
DRUG STORE

FOURTH: If foreign corporation, address of its principal office.....  
NOT APPLICABLE

FIFTH: Business address in Rhode Island.....

c/o ANTHONY B. SCJARRETTA, 915 SMITH STREET, PROVIDENCE, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
NONE	Director	
	Director	
	Director	
SARAH R. SOLOMON	President	65 MODENA AVE., PROVIDENCE, RI
ANTHONY E. SOLOMON	Vice President	SAME
ANTHONY E. SOLOMON	Secretary	SAME
SARAH R. SOLOMON	Treasurer	SAME

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50	COMMON		WITHOUT PAR VALUE

Dated.....FEBRUARY 24..... 19 86.....

ANTHONY'S DRUG STORES, INC.

(Name of Corporation)

By.....Sarah R. Solomon.....

Title.....President.....

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1121

Annual Report for the year 1995

FIRST: The name of the corporation is Anthony's Drug Stores, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Drug Sales

FOURTH: If foreign corporation, address of its principal office Not applicable

FIFTH: Business address in Rhode Island 219 Manton Avenue  
Providence

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Director

Director

Director

SARAH R. SOLOMON

President

65 Modena Avenue, Providence

ANTHONY E. SOLOMON

Vice President

65 Modena Avenue, Providence

ANTHONY E. SOLOMON

Secretary

65 Modena Avenue, Providence

SARAH R. SOLOMON

Treasurer

65 Modena Avenue, Providence

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

100

Common

Without par value

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value  
or statement that  
shares are without  
par value

50

Common

Without par value

Dated 2-25 1995

RECEIVED

(Report must be signed by an officer)

ANTHONY'S DRUG STORES Inc.  
(Name of Corporation)

By

Title

Secretary

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year

FIRST: The name of the corporation is

ANTHONY'S DRUG STORES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is

DRUG STORE

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

c/o Anthony B. Sciarretta, 915 Smith Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
SARAH R. SOLOMON	President	65 MODENA AVE., PROVIDENCE, RI
ANTHONY E. SOLOMON	Vice President	" "
ANTHONY E. SOLOMON	Secretary	" "
SARAH R. SOLOMON	Treasurer	" "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	COMMON		WITHOUT PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50	COMMON		WITHOUT PAR VALUE

Dated: APRIL 17 19 85

ANTHONY'S DRUG STORES, INC.

(Name of Corporation)

By

*Sarah R. Solomon*

Title

PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1984

FIRST: The name of the corporation is

ANTHONY'S DRUG STORES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is drug sales

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island

c/o Anthony B. Sciarretta, 915 Smith Street, Providence, RI 02908

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Sarah R. Solomon	President	65 Modena Ave., Providence, RI
Anthony E. Solomon	Vice President	Same
Anthony E. Solomon	Secretary	Same
Sarah R. Solomon	Treasurer	Same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50	Common	1	Without par value

Dated: March 1, 1984

ANTHONY'S DRUG STORES, INC.

(Name of Corporation)

By *Sarah R. Solomon*  
Title *President*

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year .....

FIRST: The name of the corporation is .....

ANTHONY'S DRUG STORES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND .....

THIRD: Character of business, briefly stated, is DRUG SALES .....

FOURTH: If foreign corporation, address of its principal office .....

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) c/o Anthony B. Sciarretta, 915 Smith Street, Prov., RI 02908

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
SARAH R. SOLOMON	President	65 Modena Avenue, Prov., RI
ANTHONY E. SOLOMON	Vice President	" "
ANTHONY E. SOLOMON	Secretary	" "
SARAH R. SOLOMON	Treasurer	" "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common	4	Without par value

Dated: MARCH 1 1983 ANTHONY'S DRUG STORES, INC.

(Name of Corporation)

By *Anthony E. Solomon*

Title SECRETARY

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information, 277-3040



Filing fee: \$15.00

To be filed annually between  
January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

Annual Report for the year 1982

FIRST: The name of the corporation is

ANTHONY'S DRUG STORES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is drug sales

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 915 Smith Street, Providence, Rhode Island 02908

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
	Director	
	Director	
	Director	
Sarah R. Solomon	President	65 Modena Avenue, Providence, RI
Michael A. Solomon	Vice President	Same
Michael A. Solomon	Secretary	Same
Sarah R. Solomon	Treasurer	Same

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	Common		Without Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
50	Common	6	Without Par Value

Dated: February 1, 19 82

ANTHONY'S DRUG STORES, INC.

(Name of Corporation)

By

Title

PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,  
Form #9 must be filed. Please contact Corporation Division for information. 277-3040



Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT**  
**OF**

**ANTHONY'S DRUG STORES, INC.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is  
ANTHONY'S DRUG STORES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
915 Smith Street, Providence, Rhode Island 02908  
and the name of its registered agent in Rhode Island at such address is  
Anthony B. Sciarretta

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is drug sales

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
None	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Sarah R. Solomon	President	65 Modena Avenue, Providence, RI
Michael A. Solomon	Vice President	" "
Michael A. Solomon	Secretary	" "
Sarah R. Solomon	Treasurer	" "

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		Without Par Value

MAR 19 1980

*[Signature]*

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

# State of Rhode Island and Providence Plantations

## OFFICE OF THE SECRETARY OF STATE

### 1979 ANNUAL REPORT

#### OF

ANTHONY'S DRUG STORES, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is ANTHONYS DRUG STORES, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is ..  
915 Smith Street, Providence

and the name of its registered agent in Rhode Island at such address is

Anthony B. Sciarretta, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is drug sales

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
None	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Sarah R. Solomon	President	65 Modena Avenue, Providence, RI
Michael A. Solomon		" "
Michael A. Solomon	Vice President	" "
	Secretary	" "
Sarah R. Solomon	Treasurer	" "

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	common	3	no par value
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		79	

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Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**  
**ANNUAL REPORT**  
**OF**

**ANTHONY'S DRUG STORES, INC.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

**FIRST:** The name of the corporation is  
ANTHONY'S DRUG STORES, INC.

**SECOND:** It is incorporated under the laws of State of Rhode Island

**THIRD:** The address of its registered office in Rhode Island is  
915 Smith Street, Providence, Rhode Island

and the name of its registered agent in Rhode Island at such address is  
Anthony B. Sciarretta

**FOURTH:** If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

**FIFTH:** The character of the business in which it is actually engaged in Rhode Island, briefly stated, is drug sales

**SIXTH:** The names and respective addresses of its directors and officers are:

Name	Office	Address
None	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Sarah R. Solomon	President	65 Modena Avenue, Providence, R. I.
Michael Solomon	Vice President	" "
"	Secretary	" "
Sarah R. Solomon	Treasurer	" "

**SEVENTH:** The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	3 Series	Par Value per Share or Statement that Shares are without Par Value
100	Common	78	Without Par Value

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FEB 23 1978

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**

**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT -1977**

**OF**

**ANTHONYS DRUG STORES, INC.**

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is ANTHONYS DRUG STORES, INC.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
915 Smith Street

and the name of its registered agent in Rhode Island at such address is  
Anthony B. Sciarretta

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is Drug sales

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
None	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Sarah R. Solomon	President	65 Modena Avenue, Providence, RI
Michael Solomon	Vice President	same
Michael Solomon	Secretary	"
Sarah R. Solomon	Treasurer	"

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		No par value

FEB 9 1977

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

State of Rhode Island and Providence Plantations  
OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT  
OF

ANTHONYS DRUG STORES, INC.

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is ANTHONYS DRUG STORES, INC.

SECOND: It is incorporated under the laws of State of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
915 Smith Street, Providence,

and the name of its registered agent in Rhode Island at such address is  
Anthony B. Sciarretta

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is  
Drug sales

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
	Director	
None	Director	
	Director	
	Director	
	Director	
Sarah R. Solomon	President	65 Modena Avenue, Providence, RI
Michael Solomon	Vice President	same
Michael Solomon	Secretary	"
Sarah R. Solomon	Treasurer	"

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		No par value

FEB 19 1976

Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT FOR THE YEAR 1975**  
**OF**

**ANTHONY'S DRUG STORES, INC.**

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

**FIRST:** The name of the corporation is **ANTHONY'S DRUG STORES, INC.**

**SECOND:** It is incorporated under the laws of **State of Rhode Island**

**THIRD:** The address of its registered office in Rhode Island is

**915 Smith Street**

and the name of its registered agent in Rhode Island at such address is

**Anthony B. Sciarretta, Esq.**

**FOURTH:** If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

**FIFTH:** The character of the business in which it is actually engaged in Rhode Island, briefly stated, is

**Drug sales**

**SIXTH:** The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Anthony J. Solomon	President	115 Joslin Street, Providence, RI
Sam Solomon	Vice President	84 Sharon Street, Providence, RI
Anthony J. Solomon	Secretary	115 Joslin Street, Providence, RI
Anthony J. Solomon	Treasurer	same

**SEVENTH:** The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		No par value

FEB 8 1975  
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Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**  
**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT FOR THE YEAR 1974**  
**OF**

**ANTHONY'S DRUG STORES, INC.**

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is **ANTHONY'S DRUG STORES, INC.**

SECOND: It is incorporated under the laws of **State of Rhode Island**

THIRD: The address of its registered office in Rhode Island is  
**915 Smith Street, Providence,**

and the name of its registered agent in Rhode Island at such address is  
**Anthony B. Sciarretta, Esq.**

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is

**Drug sales**

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
	Director	
none	Director	
	Director	
	Director	
	Director	
	Director	
Anthony J. Solomon	President	Joslin Street, Providence, R.I.
Sam Solomon	Vice President	84 Sharon Street, Providence, R.I.
Anthony J. Solomon	Secretary	Joslin Street, Providence, R.I.
Anthony J. Solomon	Treasurer	same

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		No par value

JAN 31 1974

**State of Rhode Island and Providence Plantations****OFFICE OF THE SECRETARY OF STATE****ANNUAL REPORT FOR THE YEAR 1973****OF****ANTHONY'S DRUG STORES, INC.**

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is ANTHONY'S DRUG STORES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is  
915 Smith Street, Providence,

and the name of its registered agent in Rhode Island at such address is  
Anthony B. Sciarretta, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is \_\_\_\_\_

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is \_\_\_\_\_

Drug sales

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
NONE	Director	
	Director	
	Director	
	Director	
	Director	
	Director	
Anthony J. Solomon	President	Joslin St., Providence, R.I.
Sam Solomon	Vice President	84 Sharon St., Providence, R.I.
Anthony J. Solomon	Secretary	same as above
Anthony J. Solomon	Treasurer	same as above

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		No par value

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Filing fee: \$15.00

To be filed annually  
between January 1st and March 1st

**State of Rhode Island and Providence Plantations**

**OFFICE OF THE SECRETARY OF STATE**

**ANNUAL REPORT FOR THE YEAR 1972**

**OF**

**ANTHONY'S DRUG STORES, INC.**

Pursuant to the provisions of Section 7-1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is ANTHONY'S DRUG STORES, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: The address of its registered office in Rhode Island is 915 Smith Street, Providence

and the name of its registered agent in Rhode Island at such address is Anthony B. Sciarretta, Esq.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is \_\_\_\_\_

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Drug sales

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Name	Office	Address
NONE	Director	
	Director	
	Director	
	Director	
	Director	
Anthony J. Solomon	President	Joslin St., Providence, R.I.
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Anthony J. Solomon	Secretary	same as above
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Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		No par value

MAY 29 1973  
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