

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, Rt 02903-1335

Form 630 Rev. 12/03

101.222.3010

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

t, Corporate ID No.	2. Name of Corpor	atlon			
1121		rug Stores, Inc.	T au	I Company	7/0
Sinci Addres Principal Busines C 219 Manton			Prov	State r.l.	129.19
Hustness Phone No. 351-9495		5. State of Incorporation RHODE ISLAN			6. SIC Gode 3277
Brief Description of the Character C DRUG SALIES	of Business Conducte	d in Rhode Island			
I. NAMES AND ADDRESSES	OF THE OFFIC	ERS: ("X" BOX FOR AT	TACHMENT) [] FILL IN	N SPACES BEFORE USIN	NG ATTACHMENTS
nstdem Name Sarah Solo	on		Nice President Name Anthony E. S	olomon	
iren Address 55 : 10d	ena ave		Street Address 173 Woo	dhaven blvd	
rov R.1.	State R.1.	² 9290\$	Gity N. Prov	State r.1.	Zip
ocretary Name		L	Treetairer Name		
		_ 	Manual del Lance		
Street Address			Sirvet Address		
Lify	State	Zų	City	State	Zip
Anthony J	Solomon	chairman	Director Name Street Address	IN SPACES BEFORE US	
oprov prov	State r.i.	Zip	Cuy	State	Zip
Director Name	. J		Director Name		
Street Address			Sireel Address	. <u></u>	
City .	State	Zip	City	State	Zip
10. SHARES AUTHORIZED	•		11. SHARES ISSUED	("X" BOX FOR ATTAC	 :HMENT) []
AUTHORIZED SHARES Number of Shares	loo no pa ClasySenes	r value Par Value	Number of Shares	Classiseries	Par Value
100 COMM NO PAR VALUE					
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		**** <u>*</u>			
This report must be :	signed in ink by	either the President, Vic	e President, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Trustee
1111					
1 (11)		!B(}B 	including any acc	perjury. I declare and affirm ompanying schedules and s	
File Date	<		contained herein	Ire truorund/correct.	12-31-1604
211968	-		Signature of Office	1	Date
Check No. J. 100	· · · · · ·	 [Print or Type Nam	forthin J) o lomi
Ву:			r run or type Nam	e of Officer CHAINS	-4~
FOR SECRETARY OF ST	ATE USE ONLY		Title of Officer		- -



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 I FORM MUST BE TYPED OR P		Filing Fee: \$50.00				
L. Corporate ID No.	2 Name of Corpo	ration				
1121		Anthonys Drug Stores, Inc.				
3. Street Address Principal Busin			Prov	State ri	12409	
219 共和士会日 4. Business Phone No.	ave	5. State of Incorporation			6. SIC Code	
					3277	
351 - 9495 7. Brief Description of the Charac DRUG SALES	cter of Business Conducte	RHODE ISLAND	<u>}</u>		3211	
B. NAMES AND ADDRESS President Name	SES OF THE OFFIC	ERS: ("X" BOX FOR AT	Vice President Name Authory E	SPACES BEFORE USI	NG ATTACHMENTS	
Street Address	Solo (On modena av		Street Address Samo		<u>.</u> .	
cay prov	State	2(p)2 0()	Clty	State	Zip	
Secretary Name			Treasurer Name			
Street Address			Street Address			
City	State	Zíp	City	State	Z(p	
Director Name	SES OF THE DIREC	chairmun chairmun	TTACHMENT) FILL Director Name	IN SPACES BEFORE U	SING ATTACHMENTS	
Street Address	same	Y SAME CALL	Street Address			
City	State	Zip	City	State	ZIp	
Director Name			Director Name			
Street Address		· 	Street Address			
City	State	Zip	City	State	Zip	
10. SHARES AUTHORIZE	 ED <i>("X" BOX FOR</i> 190 no par	_	11. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
100 COMM NO PAR VAL	_UE					
This report must	be signed in ink b	y either the President, Vic	e President, Secretary, Assis	1stant Secretary, Treasure	er, Receiver or Trustee	
*	1 1 2 1 *		including any acc	ompanying schedules and	n that I have examined this restatements, and that all states	
File Date 12/30/0	03			are true and correct.	1 2 - 21 - 74.	
Check No. 241305	-) 	_	Signatur d of Office		Date 10 mily	
Ву:			Print or Type Nam	e of Officer		
FOR SECRETARY O	OF STATE USE ONLY		Title of Officer			

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

STOP PLEASE READ INSTRUCTIONS

filing Period: Januar;	y 1-March 1 🔹	Filing Fee: \$50	.00		<i>i</i> i)
FORM MUST BE TYPED OR PRIN 1. Corporate ID No.	ITED IN BLACK) 2. Name of Cospo.	ration			
1121 3. Street Address Principal Busines	Anthonys	Drug Stores, Inc.	City	State	Zip
219 Manto 4. Business Phone No.	n Ave	5. State of Incorpo	Prov.	r.l.	6. SIC Code
7. Brief Description of the Characte	er of Business Conducted	RHODE IS I in Rhode Island	SLAND		3277
main 8. NAMES AND ADDRE: President Name		lling presc		S BEFORE USING ATT	ACHMENTS
Sarah R Suret Address 65 Modena ave			Authony E Street Address 83 Woodhaven		
Prov	State P.i.	<i>zip</i> J29Uら	c _{ity} N.Prov	State r.i 029]	Zip L1
Secretary Name			Treasurer Name		
Anthony E	Solomon		Sarah Sol	omon	
Sat	me above	Zip	same above	State	Zip
9. NAMES AND ADDRES Director Name	SSES OF THE DII	RECTORS (*x* BOX F	OR ATTACHMENT) FILL IN SPA	CES BEFORE USING AT	TACHMENTS
Anthony J	Solomon-C	hairman	Street Address		
65 M	odena Ave	Zip	City	State	Zip
Prov.r.i. Director Name	0290ම් .		Director Name		
Street Address			Street Address		

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

AUTHORIZED SHARES

Number of Shares

City

Class/Series

State

Far Value

Zip

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

ISSUED SHARES

Number of Shares

Class/Series

State

Par Value

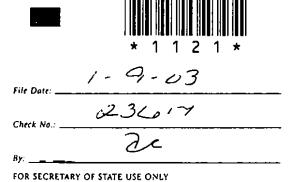
Zip

100 COMM NO PAR VALUE

0

City

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.

Signature of Officer

1-7.2003

l)ate

Anthony E Solomon

Print or Type Name of Officer

Sec.

Title of Officer

Form 630 12102

Edward S. Inman, 111, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 200 2 Filing Period: January 1-March 1 • Filing Fee: \$50.00

ining icirous jumuary	1-1301611 1	11113 111. \$50.00			1.531 RU
FORM MUST BE TYPED IN BLA	CK)				
1. Corporate ID No.	2. Name of Corporation				
1121	Anthonys	Drug Stores	inc.		
3. Street Address Principal Business	Office ?		City	State	Zip
219	Manton Ave		Providence	R.1.	02909
4. Business Phone No. 401-351-9495	_	$^{\rm S. State of Incorporation}$	đ		6. SIC Code 3277
7. Brief Description of the Character	of Business Conducted in R	hode Island			
Drug Sal	.es				
8. NAMES AND ADDRES: President Name		ERS ("X" BOX FOR ATTACH	Vice President Name	FORE USING A	ATTACHMENTS
Sarah R Solo	omon		nthony E Solon	non	
65 Modena	Ave		83 Woodhaven	Blvd.	
City	State	Zip	City	State	Zip
Providence	R.1.	0290 0 02908	North Trov.	R.1	D2911
Secretary Name Anthony E S	Solomon	•	Treasurer Name		
Street Address			Sarah R Solon	non	
same abo	ove		_		
City	State	Zip	same at	State	ZIp
9. NAMES AND ADDRESS Director Name	SES OF THE DIREC	TORS ("X" BOX FOR ATTA	Director Name	BEFORE USING	G ATTACHMENTS
Street Address			Street Address		
City	State	Zip	City	State	يَّ ن
Director Name			Director Name	• •••	
Street Address			Street Address		
City	State	Zip	City	State	Zzip
10. SHARES AUTHORIZE!	D (*x* box for attac	HMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTAC	HMENT)
··-··		Par Value	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 this report, including any accompanying schedule				
File Date: FILED		that all statements contained herein are	true and correct.		
Check No.: APR 1 9 2002		Signature of Officer	Date		
BY CONDESSES		reini or the School greek Solomon			
FOR SECRETARY OF STATE USE ONLY					

schedules and statements, and rue and correct. Title of Officer Secretary -€73b S Farm 630 12/01

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

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

2001

(FORM MUST BE TYPED IN BLACK)

1. (Corporate	ID	104	21	
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2 Anthonys brug Stores

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3. Street Address Principal Busines	ss Office		City	State	ZIp
219 MANTON 4. Business Phone No.	AVENUE	s. Rhobe the arsiciand	PROVIDENCE	RI	02909 6. 3277 :
401-351-9495 7. Brief Description of the Charact	er of Business Conducted	n Rhode Island			
DRUG SALES 8. NAMES AND ADDRE President Name	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACE	IMENT) FILL IN SPACES BI	EFORE USING ATTA	CHMENTS
SARAH R. SO	OT.OMON		ANTHONY E. S	OT OMON	
Street Address			Street Address	OLOMON	
65 MODENA AVE	ENUE		65 MODENA AV	ENUE	
Clly .	State	Zip	City	State	ZIp
PROVIDENCE	RI	02908	PROVIDENCE	ŖI	02908
Secretary Name		•	Treasurer Name		
ANTHONY E. SC	DLOMON		SARAH R. SOL	OMON	
65 MODENA AVE	ENUE		65 MODENA AVE	NUE	
City	State	Zip	City	State	Zip
PROVIDENCE	RI	02908	PROVIDENCE	RI	02908
9. NAMES AND ADDRE. Director Name	SSES OF THE DIR	ECTORS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES Director Name	BEFORE USING ATT	ACHMENTS
NONE Street Address			Street Address	•	
City	Ştate	Zip	City	State	Zip
Director Name	. • • • • ·		Director Name	• •	
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*x* box for att	ACHMENT)	11. SHARES ISSUED (*x	* BOX FOR ATTACHMEN	T)
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
of Subits	CINSSESSES	an turne	manager of Sunts	CHI35/SETTE3	rar value

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



100 SHS NO PAR COM

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 confained Kerein-are true and correct.

Signature of Officer

Date

ANTHONY E. SOLOMON

Print or Type Name of Officer SECRETARY

Title of Officer

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

Zip

6. SIC Code

3277

State

FILL IN SPACES BEFORE USING ATTACHMENTS

RI

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

5. State of Incorporation

RHODE ISLAND

City

PROVIDENCE

ANTHONY E. SOLOMON

65 MODENA AVENUE

Vice President Name

Title of Officer

02909

Filing	Period:	january	I-March I	•	Filling	ree:	330.00

2. Name of Corporation

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

Anthonys Drug Stores, Inc.

(FORM MUST BE TYPED IN BLACK)

1121

3. Street Address Principal Business Office

401-351-9495

DRUG SALES

219 MANTON AVENUE

SARAH R. SOLOMON

65 MODENA AVENUE

FOR SECRETARY OF STATE USE ONLY

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

1. Corporate ID No.

4. Business Phone No.

President Name

Street Address

PROVIDENCE	State RI	zip 02908	City PROVIDENCE	State RI	<i>τι</i> ρ 02908
Secretary Name ANTHONY E. SO	•	02300	Treasurer Name SARAH R. S		
Street Address 65 MODENA AVI			Street Address 65 MODENA AV	ENUE	
PROVIDENCE	State RI	^{21p} 02908	PROVIDENCE	State RI	02908
9. NAMES AND ADDREST Director Name NONE	SSES OF THE DIR	ECTORS ("X" BOX FOR AT	TACHMENT) FILL IN SPACES Director Name	BEFORE USING ATI	ACHMENTS
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 SHARES	ED ("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED (*X*	BOX FOR ATTACHMEN	T)
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 sign	ned in ink by eit	ther the President, Vice	President, Secretary, Assist	ant Secretary, Trea:	surer, Receiver or Trustee
					rm that I have examined
21.	~ (this report, including that all statements cor	,	hedules and statements, and eand correct.
File Date:	7/00 28		/,	OGZ.	2 2402
211	38		Signature of Officer		Date

Date ANTHONY E. SOLOMON Print or Type Name of Officer SECRETARY



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

STOP PLEASE READ INSTRUCTIONS

Filing Period: January	1-March 1 • F	iling Fec: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLAC	CK)				
1. Carporate ID No. 1121	2. Name of Corporation Anthonys Drug				
3. Street Address Principal Business (Office		City	State	Zip
219 MANTON A. Business Phone No.	AVENUE	5. State of incorporation 116	PROVIDENCE	RI	02909 6. SIC Code 3277
401-351-949 2. Brief Description of the Character					
DRUG SALES				COOR HOUSE ATTACK	MENTO
8. NAMES AND ADDRESS President Name SARAH R. SO		ERS (*X* BOX FOR ATTACH	VICE PUBLICATION E. S.	EFORE USING ATTACH OLOMON	, include
Street Address 65 MODENA A	VENUE		Street Address 65 MODENA AV	ENUE	
PROVIDENCE	State RI	^{21p} 02908	PROVIDENCE	State RI	02908
Secretary Name ANTHONY E.	SOLOMON		SARAH R. SOL	OMON	
Street Address 65 MODENA A	VENUE		65 MODENA AV	ENUE	
PROVIDENCE	State RI	02908	PROVIDENCE	State RI	02908
9. NAMES AND ADDRESS Director Name NONE	SES OF THE DIREC	TORS (*x* box for atta	CHMENT) FILL IN SPACES Director Name	S BEFORE USING ATTA	CHMENTS
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 AUTHORIZE AUTHORIZED SHARES	D (*X* BOX FOR ATTAC	CHMENT) /	11. SHARES ISSUED (*)	X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100 SHS NO PAR CO	M		50	COMMON	NONE
				T	and Depolition on Tourse

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:	JUB 2499
Check No :	10367
Ву:	32
FOR SECRETARY	OF STATE LISE 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.

1-287

ANTHONY E. SOLOMON

Print or Type Name of Officer

SECRETARY

Title of Officer





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

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

401-277-3040

Zip

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 1121 Anthonys Drug Stores, Inc. 3. Street Address Principal Business Office City State Zip 219 MANTON AVENUE

4. Business Phone No. 6. SIC 02909 PROVIDENCE RI 5. State of Incorporation RHODE ISLAND 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 65 MODENA AVENUE 65 MODENA AVENUE City Zio Zip PROVIDENCE PROVIDENCE RI 02908 02908 RI Secretary Name SARAH R. SOLOMON ANTHONY E. SOLOMON Street Address 65 MODENA AVENUE 65 MODENA AVEŅUE Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) 02908 RI

Director Name

Director Name

Street Address

Street Address

Street Address

State Zip Clty State

Director Name

Street Address

Street Address

City State Zip City State Zip

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

AUTHORIZED SHARES

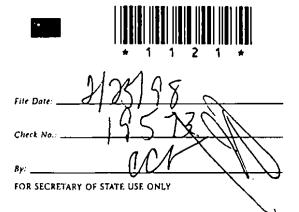
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

SSUED 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



City

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.

Date

/ j. /h....

ANTHONY E. SOLOMON

Print or Type Name of Officer

SECRETARY

Title of Officer

Signature of Officer





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

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

PROFIT CORPORATION ANNUAL REPORT 1997

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

1121

Anthonys Drug Stores, Inc.

3. Street Address Principal Business Office

City

State

Zip

219 MANTON AVENUE 4. Business Phone No.

S. State of Incorporation

PROVIDENCE

RI

02909 6. SIC Code

RHODE ISLAND

3277

401-351-9495
7. Belef Description of the Character of Rusiness 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

Zip

ANTHONY E. SOLOMON Street Address

SARAH R. SOLOMON

65 MODENA AVENUE

7.1p

PROVIDENCE

RI

02908

PROVIDENCE

RI.

02908.

Vice President Name

Street Address ANTHONY E. SOLOMON

MODENA AVENUE

Zip

65 MODENA AVENUE

RI

02908

02908 **PROVIDENCE** PROVIDENCE RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

NONE

Director Name

Street Address

Street Address

State

State

Zip

. City

State

Zip

Director Name

City

City

Director Name

Street Address

Street Address

Street Address

Zip

City

State

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

AUTHORIZED SHARES Number of Shares

Class/Series

Par Value

ISSUED) SHARES Number of Shares

Class/Series

Par Value

100 SHS NO PAR COM

50

COMMON

this report, including any accompanying schedules and statements, and

NONE

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



FOR SECRETARY OF STATE USE ONLY



that all statements contained herein are true and correct.

Date

Signature of Officer

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 PR	INT IN BLACK INK.	. -	-
. CORPORATE ID NO. 2. NAME OF CORPORATION		_		
1121 Anthonys	Drug Stores,	Inc.	STATE	
219 MANTON AVENUE		PROVIDENCE	RI	02909
BUSINESS PHONE NO.	5. STATE OF INCORPORATION			6. SIC COOE
401-351-9495	RHODE ISL	AND		3277
BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS COMOUCTED IN RHODE ISLAN	NO TO THE TOTAL TO			
DRUG SALES			· <u>-</u>	
RESIDENT NAME	ES AND ADDRE	S S E S O F T H E O F	FIGERS	
SARAH_RSOLOMON		ANTHONY_E	SOLOMON	
65_MODENA_AVENUE	ZIP CÓDÉ	_ anv .65_MODENAA	VENUE	77° COOE
PROVIDENCERI.	_ 02908	PROVIDENCE L	RI	02908
ANTHONY_ESOLOMON		SARAH R. SOL	OMON	
65 MODENA AVENUE	, ZIP CÓDE	. an 65 MODENA AV	ENUE STATE	ZIP CODE
PROVIDENCE RI 8 N A M	02908 ESAND ADDRE	PROVIDENCE SSES OF THE DI	RECTORS	02908
NONE		STREET ADDRESS		
CITY STATE	ZIP C0:0€	·aiv	STATE	; ∂P 000€
DIRECTOR NAME		DIRECTOR HAME		
STREET ADDRESS		STREET ADDRESS		
CITY STATE	ZiP CODE	· any	STATE	Zer C005
1 0 . S H	ARES AUTHORI	ZED AND ISSUED	ISSUED SHARES	
NAMES CLASS / SERIES CLASS / SERIES	PARVALUE	HUMBER OF SHARES	CLASS / SERTES	PAR VALUE
100 SHS NO PAR COM		50	COMMON N	O'PAR VALUE -
This President, Vice President	report must be SIG int, Secretary, Assist	NED IN INK by either tant Secretary, Treasure	he r, Receiver or Trust	ee
		report, includin	of perjury, I declare and g any accompanying so contained hereip are tru	d affirm that I have examined this chedules and statements, and that e and correct.
File Date: 2/8/96			Gil Sch	
File Date: 2 8 196		Signature of Of		
Check No: 1770.2,		ANTHO		ON
$C \leq I MD$	f'4	Print or Type N	ame of Officer	
By: For Secretary of State Use Only		SEC;	RETARY	1/31/96-
		• • •		

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:	Annual Report for the year:
Name of Corporation: Anthonys Drug Stor	es, Inc.
Business entity organized under the laws of the State of:RI For foreign entity, address and telephone number of principal office:	[X] Business Corporation (See RIGL Chapter 7-1.1) [] Professional Service Corporation (See RIGL Chapter 7-5.1)
Phone: ()	Brief statement of the character of business conducted in Rhode Island:
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):	_DRUG_SALES
219 MANTON AVENUE PROVIDENCE, RI 02909 Phone: (401) 351-9495	
THE NAMES (DF THE OFFICERS ARE:
PRESIDENT	ET ADDRESS CITY/STATE 229 CODE
SARAH R. SOLOMON, 65 MODENA AVENUE	
ANTHONY E. SOLOMON, 65 MODENA AVEN	UE_PROVIDENCE_RI
ANTHONY E. SOLOMON, 65 MODENA AVEN	IIE PROVIDENCE DI
TREASURER STRE	ET ADDRESS CITY/STATE Z:P CODE
SARAH R. SOLOMON, 65 MODENA AVENUE	, PROVIDENCE, RI
NAME THE NAMES OF	ET ADDRESS CITY/STATE //P CODE
NONE	
NAME STRE	ET ADDRESS CITY/STATE ZIP CODE
NAME STRE	ET 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
100 COMMON NO PAR VALUE	50 COMMON NO PAR VALUE
_	ANTHONY E SOLOMON OR TYPE NAME OF OFFICER SIGNING SECRETARY OF OFFICER SIGNING
	OF OFFICER SIGNING
PLEASE NOTE: If the registered office and/or registered agent indicated by	AGENT FOR SERVICE OF PROCESS:

ANTHONY 6. SCIARRETTA 915 SMITH STREET PROVIDENCE RI 00000 FILED

FEB 2 4 1995

By Cc. 16656

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

Office of The Secretary of State

0001121

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Corporate ID:	0001121		Annual Report for it	he year:	1994	
Name of Business Entity:				Orug Stor	es, Inc.	
Business entity organized und	er the laws of the State of:	I	Business Entity is	s (check one):		<u> </u>
Federal Taxpayer Identification	The state of the s		(X) Busin	ness Corporation (Se	e RIGL Chapter 7-1.1)
	telephone number of principal offic	re:	ľ .	•	poration (See RIGL Ch ny (See RIGL 7-16)	hapter 7-5.1)
				-	ntact person to whom	
			communications	•	ON, PRESIDER	rit
	<u>. </u>					
Phone: t 1				MANTON AVEN IDENCE, RI	02909	
Address and telephone of the p	principal office of business entity in	Khode				
Island (Provide street address	- Not P.O. Box):		Brief statement o	f the character of bus	siness conducted in Rh	node Island:
219 MANTON			DRUG_	SALES		
PROVIDENCE,	RI 02909					
			Date of Organiza	tion: 2/	ว <i>า 51</i>	
Phone: (401) 351	-9495		Date of Qualifica	tion to do business in	n Rhode Island (if fore	rign entity).
☐ CHICK BYSCOLLS OF HIGH ON	THE N.	AMES OF T	HE OFFICERS AR	E:		
SARAH R. SOL	OMON, 65 MODENA AT	VENUE, P	ROVIDENCE, F	III		ZIP COO
CHILF OPERATING OFFICER OR	VICE PRESIDENT (CHEL One)	STREET AU	060.55	CITY/STATE		AP COD
CUSTODIAN OF RECORDS ON &	OLOMON, 65 MODENA	AVENUE,		RI		
ANTHONY E. S	OLOMON, 65 MODENA	AVENUE,	PROVIDENCE,	RI		ZiP COO
CHIEFFINANCIAL OFFICER OR	TREASURERICHATORY	STREET AUG	DRESS	CITYSTATE		ZP CODE
	OMON, 65 MODENA A				<u> </u>	
RAME	THE NA	ATES OF TH	E DIRECTORS AF	CITYSTATE		ZIF COD
NONE	······································					
NAMÉ		STREET ADI	DRESS	CITY/STATE		ZIP CUO
NAME	-	STREET AU	MESS	CITYSTATE		217 (100)
NUMBER OF SHARES AU	THORIZED (If Applicable)		NUMBER OF SHAP	RES ISSUED AND	OUTSTANDING (If A	Applicable)
NUMBER 100			NUMBER	50		•
CLASS COM	MON		CLASS			
COMI	TOLY			СОММОИ		
SÉRIES			SERIES			
PAR VALUE OR NO WITHOUT PAR	PAR VALUE		PAR VALUE OR WITHOUT PAR	NO PAR VAL	UE	
			\sim \sim			
Date FEBRUARY	21 94	Ву:	(1350			
	· ———		ANTHON	Y E. SOLOMO		
		PRINT OR TY	PENAME OF OFFICER SIGN!	·G		
		TITLE OF OF	SECRI FICEI SIGNING	ETARY	.	
Form 31 1/04						
	ESIGNATED REGISTERED	Of becine	NT ACENT FOR	EDVICE OF DIS	OCESS:	
	oration has changed its registered of					
•					······· · · · · · · · · · · · · ·	

ANTHONY B. SCIARRETTA 915 SMITH STREET

PROVIDENCE

RI 00000

porate ID	PROVIDENCE, RHC		year
	f the corporation is		
SECOND: It is incor	porated under the laws of	RHODE ISLAND	
	of business, briefly stated, is		
•	corporation, address of its prin	•	
FIFTH: Business add	dress in Rhode Island		
c/o915.SM	IITH STREET, PROVIDEN	ICE, RI 02908	
SIXTH: Names and	addresses of its directors and o	fficers: Address (including num	(Attach rider if neces
NONE	Director		
	Director		
	Director		
SARAH R. SOLON	40NPresident	65MODENAAVENUE,	PROVIDENCE, RI
ANTHONYESOI	LOMON Vice President	ISAME	
ANTHONY E, SOI	LOMON Secretary	SAME	
SARAH R. SOLO	MONTreasurer	SAME	
SEVENTH: Number	of Shares authorized:		Par Value or statement that
No. of Shares	Class	Series FAID	shares are without par value
100	COMMON	MAR 1 2 1993	NO PAR VALUE
Еібнтн: Number o	f Shares issued:	SECRETARY OF STATE	Par Value or statement that
No. of Shares	Class	Series	shares are without par value
50	COMMON		NO PAR VALUE
edFEBRUARY16	(Na	ANTHONYS DRUG STORES.	, INC.

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	01121	Annual Report for the year 1992
FIRST: The name of the	corporation is	Anthonys Drug Stores, Inc
	siness, briefly stated, is	RHODE ISLAND
Fourth: If foreign corp		ncipal office
Name NONE	resses of its directors and office Director Director Director	Address (including number, street, zip code)
SARAH R. SOLOMON ANTHONY E. SOLOM ANTHONY E. SOLOM SARA R. SOLOMON	ON Vice President	65 MODENA AVENUE, PROVIDENCE, RI SAME SAME
SEVENTH: Number of S No of Shares 100 EIGHTH: Number of Sh	\	Par Value or statement that shares are without par value PAID NO PAR VALUE PAR 1 7 1992 Par Value or statement that shares are without par value Series Par Value or statement that shares are without par value
50 JANUARY 24 Dated	COMMON 19 92	NO PAR VALUE ANTHONYS DRUG STORES, INC. ame of Corporation)
(Report must be signed	•	le La Purl4

State of Phode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID00	01121	Annual Report for the year	1991
First: The name of th	e corporation is	Anthonys Orus Stores	s, Inc.
SECOND: It is incorpor	rated under the laws of	RHODE ISLAND	
THIRD: Character of b			
N / N	rporation, address of its prir	ncipal office	
FIFTH: Business addre	ss in Rhode Island	·	
c/o 915 SMITH S	TREET, PROVIDENCE,	RI 02908	
SIXTH: Names and ad	dresses of its directors and o	officers: Address (including number, stre	(Attach rider if necessary) et, zip code)
NONE	Director		
	Director		······································
	Director		······································
SARAH R. SOLOMON	President	65 MODENA AVENUE, PRO	VIDENCE, RI
ANTHONY E. SOLOMON	Vice Presiden	t SAME	
ANTHONY E. SOLOMON	Secretary	SAME	
SARAH R. SOLOMON	Treasurer	SAME	······································
SEVENTH: Number of	Shares authorized:		Par Value or statement that shares are without
No of Shares	Class	Senes	par valu e
100	COMMON	19 7.9 190°	NO PAR VALUE
EIGHTH: Number of	Shares issued:	SCY OF STATE	Par Value or statement that shares are without
No. of Shares	Class	Series	par value
50	COMMON	ио	PAR VALUE
Dated APRIL 12		ANTHONYS DRUG STORES, Name of Corporation) y	INC.
(Report must be sig	ned by an officer) T	ille Secretar	

Form 31 1/85

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0001121	Annual Re	eport for the ye	ear 1990
FIRST: The na	me of the corporation is			
Second: It is	incorporated under the laws of			
	cter of business, briefly stated, is			
	reign corporation, address of its			
N/A			••••	
Fifth: Busine	ss address in Rhode Island			
c/o915.SMI	THSTREET,PROVIDENCE	RI02908	•••••••	
	and addresses of its directors an		ress (including numbe	(Attach rider if necessary) er, street, zip code)
	Director			
	Director		·····	
	Director			•••••
SARAH R. SO	LOMONPresident	6.5 MODE	NAAVENUE.	,PROVIDENCE RI
ANTHONY E	SOLOMON Vice President	lentSAME		•
ANTHONY E.	SOLOMON Secretary	SAME	••••••	
SARAHRSO	LOMONTreasurer	SAME	••••••	
SEVENTH: Nui	mber of Shares authorized:	Series		Par Value or statement that shares are without par value
100	COMMON			NO PAR VALUE
	ber of Shares issued:		PAID	Par Value or statement that shares are without
No. of Shares	Class	Series MA	R 3 U 1990	par value
50	COMMON	SEC'	. OF STATE	NO PAR VALUE
DatedFEBRUAR	Y21 1990.	ANTHONYSD	RUG STORES	Sy. INC.
		Ву	schones	~
(Report mu	st be signed by an officer)	Title Nu Pre	sulut f S	endy

State of Rhode Island and Providence Plantations Corporations division 100 North main street

	PROVIDENCE, RH	ODE ISLAND 02903	
Corporate ID0001	121	Annual Report for	the year 1989
FIRST: The name of	the corporation is	Anthonys Drug Sto	r∉s. Inc.
SECOND: It is incorp	orated under the laws of	RHODE ISLAND	
THIRD: Character of	business, briefly stated, is	······································	
	DRUGSALES		
FOURTH: If foreign of	corporation, address of its pri	ncipal office	
	N/A		
	ress in Rhode Island		
c/0 915 SMITH ST	FREET, PROVIDENCE,	RI 02908	
SIXTH: Names and a	ddresses of its directors and o		(Attach rider if necessary) g number, street, zip code)
NONE	Director		
	Director		
	Director		
SARAH R. SOLOMOI	N President	65 MODENA AVEN	UE, PROVIDENCE, RI
ANTHONY E. SOLO	MON Vice Presider	nt SAME	•••••
ANTHONY E. SOLON	MON Secretary	SAME	
SARAH R. SOLOMO	N Treasurer	SAME	
SEVENTH: Number of	of Shares authorized:	Series	Par Value or statement that shares are without
100	COMMON		par value NO PAR VALUE
	Shares issued:	PAID [IAR 2.7 1989 SEC'Y OF STATE	Par Value
No. of Shares	Class	Series Series	shares are without par value
50	COMMON		NO PAR VALUE
Dated FEBRUARY 23	1989 (N	ANTHONYS DRUG STO	RES, INC.
(Report must be sig	gned by an officer) Ti	itlc PRESIDENT	- -

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID 1122		Annual Report for the year		
FIRST: The name of the cor	poration is	Anthonys Urug Stores: loc.		
THIRD: Character of busine	ss, briefly stated, is	······································	hode Island	
	tion, address of its prin	cipal office	······································	
FIFTH: Business address in 1	Rhode Island			
c/o915SmithStree	t. Providence.	Rhode Island		
SIXTH: Names and addresse Name NONE	es of its directors and of Office	•	(Attach rider if necessary) ding number, street, zip code)	
	Director			
ANTHONY E. SOLOMON ANTHONY E. SOLOMON	President Vice President Secretary	65 MODENA A	VENUE, PROVIDENCE, RI	
	Treasurer			
SEVENTH: Number of Share No. of Shares	Class	Series	Par Value or statement that shares are without par value	
100 с EiGHTH: Number of Shares	issued:	PAID	NO PAR VALUE / Par Value	
No. of Shares	Class	1 1988 Series	or statement that shares are without par value	
50 0	SEC'Y	OF STATE	NO PAR VALUE	
DatedJANUARY20	(Na	me of Corporation)	ug stores, Inc. Zolonon Midul	
(Report must be signed by	an officer) Tit	le seentagtile	Myclis	

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 1121		Annual Report fo	or the year1987
FIRST: The name of the	corporation is Anth	nonys Drug Stores, Inc	;,
SECOND: It is incorporate	ed under the laws of	Rhode Island	l .
	, ,		ES
		•	
	A\./A		
FIFTH: Business address	in Rhode Island		
c/o915.Smith	Street, Provid	ence. RI 02908	
SIXTH: Names and address	esses of its directors and		(Attach rider if necessary) ding number, street, zip code)
NONE	Director		·····
	Director		
	Director		
SARAH R. SOLOMON	President	6.5ModenaAver	nue, Providence, RI
ANTHONY E. SOLOMO	N Vice Preside	ent SAME	
ANTHONY F. SOLOMO	N Secretary	SAME	
SARAH R. SOLOMON	Treasurer	SAME	
	nares authorized:		Par Value or statement that shares are without
No. of Shares	Class	Series	par value
100	Common		Without Par Value
EіGнтн: Number of Sha	res issued:		Par Value
No. of Shares	Class	AID Series	or statement that shares are without par value
50	Common FIAR	2 3 19 8/	Without Par Value
	ui 1116		MAY 0 8 tco
Dated February 10	19 .87	ANTHONYS DRUG S	STORES, INC.
	1	By Malgh	L Hotann
(Report must be signed	by an officer)	Title Mesid	int

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID1121		•••••	Annual Rep	port for the year 1986
FIRST: The name o	f the corporation is	Anthonys	Drug Stores	, Inc.
SECOND: It is incor	porated under the lav	vs of	Rhode I	sland
THIRD: Character of	of business, briefly sta DRUG ST	*		
	corporation, address			
FIFTH: Business add	dress in Rhode Island	•••••	•••••	
c/o ANTHONY B. S	CIARRETTA, 915	SMITH ST	REET, PROV	VIDENCE, RI
SIXTH: Names and	addresses of its direct	ors and office		(Attach rider if necessary)
NONE	Dire	ctor	• • • • • • • • • • • • • • • • • • • •	
•••••••••••••••••••••••••••••••••••••••	Dire	ctor		
	Dire	ctor		
SARAH R. SOLOMON	Pres	ident .65	MODENA A	VE., PROVIDENCE, RI
ANTHONY E. SOLOM	ON Vice	President	SAME	
ANTHONY E. SOLOM	ON Secr	etary	SAME	
SARAH R. SOLOMON	Trea	surer	SAME	
	of Shares authorized:			Par Value or statement that shares are without
No. of Shares	Class COMMON	1986	Series	par value WITHOUT PAR VALUE
Eighth: Number o	f Shares issued:	33 APR 14		Par Value or statement that
No. of Shares	Class	3 AF	Series	shares are without par value
50	COMMON	?±} {=}		WITHOUT PAR VALUE
Dated FEBRUARY 2	19 .86	- 2	ANTHONYS Corporation)	DRUG STORES, INC.
(Report must be s	3 ENT'D Migned by an office	Byt	C () rea	udert min

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE, RHODE ISLAND 02903

Corporate ID)1121	••••••••••••••••••••••••••••••	Annual Re	port for the	year1935
First:	The name of the	corporation isAn			
Second	: It is incorpora	ited under the laws o	•		
THIRD:	Character of bu	siness, briefly stated,	is Drug Sale	S	
Fourth	: If foreign corp	poration, address of it	s principal officeN	ot appli	cable
Г І Г ТН:					
Ѕіхтн:		resses of its directors a	and officers:		(Attach rider if necessary)
***************************************		Director			••••••••••••••••••
	••••••••••••••••••••••••••••••••••••••	Director			
	***************************************	Director			
SARAH R.	SOLOMON	Presiden	65 Modena	Avenue	Providence
ANTHONY	E. SO LOMON	Vice Pre	(F 11- 1		Providence
ANTHONY	E. SOLOMON	Secretary	65 F6-2		Providence
SARAH R.	SOLOMON	Treasure			Providence
SEVENTH		hares authorized:	iy.2nowena.		Par Value
No. of Sha		Class	Series		or statement that shares are without par value
100		Common			Without par value
Еіднтн:	Number of Sha	ares issued:			Par Value or statement that shares are without
No. of Sha	ares	Class	Series		par value
50		Common	0		Without par value
Dated	2-25	19 .5 .5	MATHONYS	DRUG	Stores Inc.
持屬股	CBFV WA	K Millig	(Name of Corporation) By	E Sd	one
(Re	eport must be signed	by an officer)	Title Sec	return	

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

State of Uhode Island and Previdence 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

ANTHONY E. SOLOMON

President

65 MODENA AVE., PROVIDENCE, RI

Vice President

ANTHONY E. SOLOMON

Secretary

SARAH R. SOLOMON

Treasurer

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

Par Value or statement that shares are without par value

No. of Shares

Series

Series

100

COMMON

WITHOUT PAR VALUE

Par Value

EIGHTH: Number of Shares issued:

Class

or statement that shares are without par value

No. of Shares

WITHOUT PAR VALUE

50

COMMON

ANTHONY'S DRUG STORES, INC.

Dated:

APRIL 17

19 85

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

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

ANTHONYS 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 Modera Ave., Providence, RI

Anthony E. Solomon

Vice President Same

Anthony E. Solomon

Secretary

Same

Sarah R. Solomon

Same

Treasurer (If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

Par Value or statement that shares are without par value

No. of Shares 100

Class

Common

Series

Without par value

EIGHTH: Number of Shares issued:

Par Value or statement that shares are without

No. of Shares

Class

Series

Without par value

50

Common

Dated:

March 1, 19 84 ANTHONYS DRUG STORES,

 $_{
m Title} \stackrel{
ho}{
ho}$ 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

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

SECOND: It THIRD: Cha FOURTH: If FIFTH: But address)c/o Ant SIXTH: Na Name	name of the AN is incorporate	THONY'S	DRUG	STORES, IN	,
THIRD: Cha	is incorporat				,
THIRD: Cha	•	ed under	the lay	• BUODE	7.77.337
FOURTH: If FIFTH: Bus address)c/o Ant SIXTH: Na Name	aracter of bus		OHC TOLY	vs of Knobe	ISLAND
FIFTH: Bus address)c/o Ant SixTH: Na		iness, brie	efly stat	ed, is	DRUG SALES
FIFTH: Bus address)c/o Ant SixTH: Na					
address)c/o Ant SixTH: Na Name	f foreign cor	poration,	addres	s of its princ	ipal office
address)c/o Ant SixTH: Na Name					
SIXTH: Na	siness addr <mark>es</mark> s	s in Rhod	le Islan	d (blank repe	orts will be mailed to this
Name	hony B. Sc	iarrett	a, 915	Smith Str	eet, Prov., RI 02908
Name	mes and add	resses of	its dire	etors and off	icers:
	(Addresses must	include stre	et and nu	mber. if any)	
		Office			Address
		Director			
		Director			
		Director			
SARAH R. SO	LOMON	Presiden	ıt	65 Modena	Avenue, Prov., RI
ANTHONY E.	SOLOMON	Vice Pre	sident	n .	n .
ANTHONY E.	SOLOMON	Secretar	v	11	n
SARAH R. SO	LOMON	Treasure	•	Ħ	11
SEVENTH:	Number of S	hares aut	thorized	:	Par Value
No. of Shares		Class		Series	or statement that shares are without par value
100		Common			Without par value
Eighth: N	Sumber of St	nares issu	ied:		Par Value or statement that
No. of Shares		Class		Series	shares are without par value
100		Common	# 1		Without par value
Dated: MAR	CH 1	. 19 ⁸³	83	ANTHONY'S	DRUG STORES, INC.
Dateu.		. 10	ر، ⊶ را	Name of Corporati	on) _ /
	.000		9 by	andle	in & Selonion
APR	1 1 1983		60A14	e SECRE	TARY
	12€		4	(Report must	be signed by an officer)
If the corpo	•		<u> </u>	··-	be signed by an officer)

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

			Annual Rep	ort for the yea	ar 1982
FIRST:	The name of t	he corporatio	n is		
	AN	THONYS DRU	G STORES,	INC.	
SECOND:	It is incorpo	rated under	the laws of	Rhode Isl	and
THIRD:	Character of b	usiness, brief	ly stated, is	drug sale	s
Fourth:	If foreign o	orporation, a	iddress of its	principal offi	ice
			*** *		
FIFTH:	Business addr	ess in Rhode	Island (blan	ık reports wil	l be mailed to this
address) 91	.5 Smith Str	ect, Provi	dence, Rho	de Island	02908
Sixth:	Names and ac	ddresses of it	s directors a	nd officers:	
	(Addresses m	ust include street	and number, if a	ny)	
N	Sante	Office		Addr	4 88
		Director			
		Director			
		Director			
Sarah R. So	olomon	President	65 Ma	dena Avenu	e, Providence, R
Michael A.	Solomon	Vice Presi	dent Same	***	
Michael A.	Solomon	Secretary	Same		
	olomon ce is needed, attac		Same		··· · · · · · · · · · · · · · · · · ·
Seventh	: Number of	Shares auth	orized:		Par Value or statement that
No. of Sha	res	Class	Ser	ies	shares are without par value
100		Common		,	Without Par Value
				., 13 1983	
Еіднтн:	Number of	Shares icena	<i>ال</i> : ال	JL TOPAL	Par Value
No. of Sha		Class		ries	or statement that shares are without par value
140. 01 Sha	res	(,1430		ica	par varue
50		Common	6 	1	Without Par Value
Dated:	February 1	. 19 82	ANTRO	NYS DRUG S	TORES, INC.
			Same of C	orporation)	Selma)
			min.	ייאקר אָט. סטעטעעדי	J. V. C. 1110; C
			Title o	PRESIDENT of must be signe	nd by an officer)
			(Nepo	must be signe	Jo of an Onicer)

Form 3.

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

State of Chode 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 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:

Office				Address	
Director					
President	65	Modena	Ave.,	Prov.,	RT
Vice President		••			
Secretary		**		**	
Treasurer		**		••	
	Director Director Director Director Director Director President Vice President Secretary	Director Director Director Director Director Director President Vice President Secretary	Director Director Director Director Director Director President Vice President Secretary Director " "	Director Director Director Director Director Director President Vice President Secretary Director " "	Director Director Director Director Director Director President Vice President Secretary Director " " "

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	Scries	or Statement that Shares are without Par Value
100	Common	81 .	Without par value
N. 11-65		····≉□۶····15.00 4449A14····15.00B	May 4 1901

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

 \mathbf{OF}

	ANTHONYS DRUG S	TORES, INC.		
amended, the undersig	-	y submits the	follow	ing annual report:
FIRST: The name	of the corporation is ANTHONYS DRUG S	PORES, INC.		
SECOND: It is in	corporated under the	laws of Rh	ode Is	land
THIRD: The addr 915 Smith Street,	ess of its registered offi Providence, Rhod			
nd the name of its regi Anthony B. Sciarr	stered agent in Rhode l e tta	Island at such		
	reign corporation, the a of which it is incorporat	-	_	
FIFTH: The char	racter of the business			y engaged in Rhode
sand, offerly scated, is				
		······································		
Name	es and respective addre	sses of its dire	ctors an	d officers are:
ione	Director	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	Director	M.M. 1.191.191.191.191.191.191.191.191.191.		
	Director	.,		
	Director			
-	Director			
	. Director			
Sarah R. Solomon	President			nue, Providence,
iichael A. Solomo	. 7100 2 1 00100	nt		
Michael A. Solomo	. Decretary			
Sarah R. Solomon	Treasurer			.,,
	gregate number of shar shares, shares without p			
Number of			3	Par Value per Share or Statement that Shares are without
Shares	Class	Series	22	Par Value
100	Common		EO Wi	ithout Par Value
			(XX) •	
			\n •	
			* *	
			45 VI	
			·- ·	MAR; 9
irm 31 8-79			5.) >.e	MAK ,

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

State of Chode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

1979 ANNUAL REPORT OF

ANTHONYS	DRUG STORES,	INC.	
Pursuant to the provision amended, the undersigned corp. First: The name of the co	oration hereby	submits the f	ollowing annual report:
SECOND: It is incorporat	ed under the la	ws of RHODE	ISLAND
THIRD: The address of its 915 Smith Street,	registered office Provadence	in Rhode Island	d is
and the name of its registered ag			
FOURTH: If a foreign corcountry under the laws of which i	poration, the additional transfer in the additio	dress of its prir is	
FIFTH: The character of Island, briefly stated, is		which it is ac	tually engaged in Rhode
			ors and officers are:
None	Director		
	Director		
	Director	•	
•	Director		
	Director		
	Director		
Sarah R. Solomon Michael A. Solomor Michael A. Solomor	Viso Procidant		Avenue, Providence, RI
11201202 11 00201101	Secretary		
Sarah R. Solomon	Treasurer		
SEVENTH: The aggregate a by classes, par value of shares, sh			
 -	lass mon	3 Series Un 79	or Statement that Shares are without Par Value no par value
Form 3: 36M 11-78		····*09····15.0 7931A14····15.0	MAR 5 1979

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

mended, the undersigned corpo		.1-118 of the Ge bmits the following	
FIRST: The name of the co			
SECOND: It is incorporate	d under the laws	of State of Ri	node Island
THIRD: The address of its 915 Smith Street, Prov		Tolond	5
nd the name of its registered ag Anthony B. Sciarretta	ent in Rhode Isla	nd at such addres	9 is
FOURTH: If a foreign corp			
ountry under the laws of which i	•		
and y under the laws of which	•		
FIFTH: The character of	the business in	which it is actua	ally engaged in Rhode
land, briefly stated, is dr	ug sales		
land, briefly stated, is dr	ug sales		
sland, briefly stated, is dr	ug sales		
sland, briefly stated, is dr	ug_sales	f its directors and	officers are:
land, briefly stated, is dr SIXTH: The names and respo	ug sales ective addresses o	f its directors and	
SIXTH: The names and response	ective addresses o Office Director	f its directors and	officers are:
SIXTH: The names and response	ective addresses o Office Director	f its directors and	officers are:
land, briefly stated, is dr Sixth: The names and respense. Name None	ective addresses o Office Director Director Director	f its directors and	officers are:
SIXTH: The names and response	ective addresses o Office Director Director Director Director	f its directors and	officers are:
land, briefly stated, is dr Sixth: The names and response	ective addresses o Office Director Director Director Director Director	f its directors and	officers are:
land, briefly stated, is dr Sixth: The names and respensions	ective addresses o Office Director Director Director Director Director Director	f its directors and	officers are:
SIXTH: The names and response	ective addresses o Office Director Director Director Director Director Director President	f its directors and	officers are:
SIXTH: The names and response Name None Sarah R. Solomon Michael Solomon	ective addresses o Office Director Director Director Director Director Director President	f its directors and	officers are:
SIXTH: The names and response Name None Sarah R. Solomon Michael Solomon	ective addresses o Office Director Director Director Director Director Director President	f its directors and	officers are: Address enue, Providence, R

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
Form 31 35W 11-77		**************************************	FEB 23 1978

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

ANTHON	S DRUG STORES, II	NC.	
amended, the undersigne	d corporation hereby s	submits the follow	eneral Laws, 1956, as ing annual report: STORES, INC.
	rporated under the law	$_{ m sof}$ State of [Rhode Island
THIRD: The address	ss of its registered offic ceet	e in Rhode Island	
and the name of its regist	ered agent in Rhode Is ciarretta		
FOURTH: If a fore country under the laws of	• .	ed is	ipal office in the state or
Island, briefly stated, is	cter of the business i	n which it is actu	ually engaged in Rhode
			and the second s
	nd respective addresses		d officers are:
	Director		
None	Director		and a second of
	Director		
Sarah R. Solomon	President	65 Modena	Avenue, Providence, RI
Michael Solomon	Vice Presider	nt same	
Michael Solomon	Secretary	п	
Sarah R. Solomon	Treasurer	F	
SEVENTH: The agg by classes, par value of sh	gregate number of shar ares, shares without pa	res which it has au r value, and series,	thority to issue, itemized if any, within a class, is:
Number of Shares	<u>Class</u>	<u>Series</u>	Par Value per Share or Statement that Shares are without Par Value
100	Common	933	No par value

FORM 31 35M 9-76

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

ANNUAL REPORT

OF

	ANTHONYS	DRUG	STORES.	INC.
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amended, the undersigne		ubmits the follow ANTHONYS DR	UG STORES, INC.
SECOND: It is income	rporated under the law		
THIRD: The address 915 Smi	ss of its registered offic th Street, Provid	e in Rhode Island Jence,	l is
and the name of its regist Anthony		land at such addr	
FOURTH: If a fore	f which it is incorporat	ted is	
FIFTH: The chara sland, briefly stated, is	cter of the business in		ually engaged in Rhode
	Drug sales	*****	
Name			Address
None			
None			
Comple D	President		venue, Providence, R
Michael Solomon			e
Michael Solomon		п	
Sarah R. Solomon	Treasurer		
SEVENTH: The aggr y classes, par value of sha			thority to issue, itemized 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 1 9 1976

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

AN.	THONYS DRUG STOR	ES, INC.			
amended, the undersign	rovisions of Section and corporation hereby the of the corporation is	y submits the follo ANTHONYS DR	wing annual	report:	
SECOND: It is inc	orporated under the l			land	
	ress of its registered of				
9.15 Sm and the name of its regis Anthon			lress is	 	
country under the laws	reign corporation, the	rated is	=		
FIFTH: The char Island, briefly stated, is	racter of the business		• -	•	
	rug sales				
SIXTH: The name	es and respective addr				
	Director				
	Director Director				
· · · · · ·	Director				
	Director Director				
Anthony J. Solomon	President	115 Joslin	Street, Pr	ovidence, I	RI
Sam Solomon	Vice Preside	nt 84 Sharon	Street, Pr	ovidence, I	R]
Anthony J. Solomon	Secretary	115 Joslin	Street, Pr	ovidence, I	R1
Anthony J. Solomon	Treasurer	same			
SEVENTH: The ag by classes, par value of sl	gregate number of sh hares, shares without				
Number of Shares	Class	Series	or St Share	alue per Share atement that s are without ar Value	
100	Common		No pa	ır value	

PORM 31 25M 11-74

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

State of Khode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT FOR THE YEAR 1974 OF

ANTHON	YS DRUG STORES,	INC.			
Pursuant to the provi amended, the undersigned of FIRST: The name of	corporation hereby :	submits the follo	owing annua	l report:	
SECOND: It is incorpo	orated under the lav	vs of State	of Rhode	Island	
	of its registered office Street, Provide		nd is		
and the name of its register Anthony B.	ed agentin Rhode I Sciarretta, Es				
FOURTH: If a foreign country under the laws of w	- ·		-		
FIFTH: The character briefly stated, is	of the business in wh		engaged in R	thode Island,	
Dru	g sales				
SIXTH: The names an	nd respective addres	ses of its directo	rs and officer	s are:	
	Director				
none	Director				
· · · · · · · · · · · · · · · · · · ·	Director				
	Director				
	Director				
Anthony J. Solomon				ovidence,	
Sam Solomon		84 Sharon S	treet, Pr	ovidence,	R.I
Anthony J. Solomon	Secretary	Joslin S	treet, Pr	ovidence,	R.I
Anthony J. Solomon	Treasurer	, șa	me		
SEVENTH: The aggreg by classes, par value of share					
Number of Shares	Class	Series	or Stat Shares	ue per Share tement that are without r Value	
100	Common		No D	ar value	

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FORM 31 90M 8-7

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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 1973
OF

ANTH	ONYS DRUG STORE	S, INC.	and a section
Pursuant to the provi amended, the undersigned FIRST: The name of	corporation hereby	submits the follow:	
SECOND: It is incorp	orated under the la	ws of Rhode I	sland
	of its registered offi Street, Provid		is
and the name of its register Anthony B	red agentin Rhode . Sciarretta, E		ess is
FOURTH: If a foreign country under the laws of v			oal office in the state or
FIFTH: The character	of the business in wh	nich it is actually en	gaged in Rhode Island,
briefly stated, is			
Dru	g sales		
SIXTH: The names an	nd respective addres		and officers are:
NONE	Director		
	Director		
Anthony J. Solomon	President	Joslin St.	, Providence, R.I.
Sam Solomon Anthony J. Solomon	Vice President Secretary	84 Sharon St. same as above	, Providence, R.I.
Anthony J. Solomon	Treasurer	same as above	
SEVENTH: The aggreg by classes, par value of share	ate number of share s, shares without par	es which it has auth r value, and series, i	ority to issue, itemized any, within a class, is:
Number of Shares	<u>Class</u>	Series	Par Value per Share or Statement that Shares are without Par Value
100	Common		No par value

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FORM 31 50M 8 72

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

ANT	THONYS DRUG STOR	ES, INC.	1	
Pursuant to the provamended, the undersigned FIRST: The name of	corporation hereby	1.1-118 of the Gene submits the following ANTHONYS DRUG ST	g annual report:	
SECOND: It is incorp	orated under the lav	vs of Rhode Isl	land	
	of its registered office Street, Provid	ce in Rhode Island is		
and the name of its registe Anthony I	ered agent in Rhode I 3. Sciarretta, E			
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 characte	r of the business in wh	nich it is actually enga	ged in Rhode Island,	
• ′	Drug sales			
SIXTH: The names a	ind respective addres	sses of its directors ar		
NONE	Director			
	Director Director			
	Director Director			
Anthony J. Solomon	Director President		Providence, R.I Providence, R.I	
Anthony J. Solomon Anthony J. Solomon	Vice President Secretary Treasurer	same as above		
SEVENTH: The aggre by classes, par value of shar				
Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value	
100	Common		No par value	

MAY & 9 1973

ORM 31 50M 9.7