| s s  | tate of Rhode Island and Pro<br>Office of the Secreta   |                               | <b>ns</b> Fee: \$50.00   |
|--|---|-------------------------------|--------------------------|
|  | Division Of Business  | Services                      |                          |
|  | 148 W. River S  |                               |                          |
| HORE   | Providence RI 0290<br>(401) 222-304   |                               |                          |
| Limited Liebility Com  |   |                               |                          |
| Limited Liability Com<br>Annual Report   | рапу  |                               |                          |
| Filing Period: September 1   | - November 1  |                               |                          |
|  | 7-16-66(d), each limited liability comp<br>n thirty (30) days after the time presc<br>penalty fee of \$25.00. |                               |                          |
| ANNUAL REPORT YEAR:  | <u>2019</u>   |                               |                          |
| <b>1. ID No.</b> <u>000161457</u>  |   |                               |                          |
| 2. Exact Name of the Limited Liability Company CVS Transportation, L.L.C.  |   |                               |                          |
| 3. State of Formation  |   |                               |                          |
| State: <u>IN</u>   |   |                               |                          |
|  | ARTICLE III   |                               |                          |
| Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online. |   |                               |                          |
| <u>999999</u>  |   |                               |                          |
| 4. Brief Description of the  | e Character of the Business Which   | is Actually Conducte          | ed in Rhode Island       |
| DISTRIBUTION SERVE   | ICES  |                               |                          |
| 5. Principal Office Addre  | SS  |                               |                          |
| No. and Street: ONE  | E CVS DRIVE   |                               |                          |
| LEGAL DEPARTMENT   |   |                               |                          |
| City or Town: WO   | <u>ONSOCKET</u> State   | : <u>RI</u> Zip: <u>02895</u> | Country: <u>USA</u>      |
| 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:   |   |                               |                          |
| Contact Name: Contact Title:   |   |                               |                          |
|  | <u>CVS DRIVE</u><br>AL DEPARTMENT   |                               |                          |
|  | DNSOCKET State  | : <u>RI</u> Zip: <u>02895</u> | Country: <u>USA</u>      |
| 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.<br>DO NOT LIST MEMBERS  |   |                               |                          |
| Title  | Individual Name   | Add                           | ress                     |
|  | First, Middle, Last, Suffix   |                               | State, Zip Code, Country |

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

<u>CT CORPORATION SYSTEM</u> <u>450 VETERANS MEMORIAL PARKWAY, SUITE 7A</u> <u>EAST</u> <u>PROVIDENCE</u>, <u>RI</u> <u>02914</u>

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 24 Day of September, 2019 at 2:13:10 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

By <u>THOMAS S. MOFFATT</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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