STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
000038634	Block Island Pharmacy, Ltd.

3. Principal office address	City	State	Zip
PO Box 1179,, Dodge Street	Block Island	RI	02807

4. Business Phone No	5. State of Incorporation
401-446-2918	RI

6. Brief description of the character of business conducted in Rhode Island
Convenience Store and assets (445120)

7. LIST OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	President Name	Street Address	City	State	Zip
	Bennet Wohl	PO Box 537	Block Island	RI	02807
	Vice-President Name	Street Address	City	State	Zip
	Kenneth Wohl	151 Kinder Kamack Road	Westwood	NJ	07675
	Secretary Name	Street Address	City	State	Zip
	Bennet Wohl	PO Box 537	Block Island	RI	02807
	Treasurer Name	Street Address	City	State	Zip
	Kenneth Wohl	151 Kinder Kamack Road	Westwood	NJ	07675

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

	Director Name	Street Address	City	State	Zip
	Bennet Wohl	PO Box 537	Block Island	RI	02807
	Director Name	Street Address	City	State	Zip
	Kenneth Wohl	151 Kinder Kamack Road	Westwood	NJ	07675
	Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	100	0
		0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and all statements contained herein are true and correct.

Signature of Authorized Representative — 01/10/2020 Date

Printed Name of Authorized Representative

File Date
Check No

FOR SECRETARY OF STATE USE ONLY

FILED
JAN 13 2020
BY 17039

Form No. 630
Revised: 01/2012