



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. <b>000038634</b>		2. Exact name of the Corporation <b>Block Island Pharmacy, Ltd.</b>			
3. Principal office address <b>PO Box 1179,, Dodge Street</b>			City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>
4. Business Phone No. <b>401-446-2918</b>			5. State of Incorporation: <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Convenience Store and assets (445120)</b>					
<b>OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
President Name <b>Bennet Wohl</b>			Vice-President Name <b>Kenneth Wohl</b>		
Street Address <b>PO Box 537</b>			Street Address <b>151 Kinder Kamack Road</b>		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Westwood</b>	State <b>NJ</b>	Zip <b>07675</b>
Secretary Name <b>Bennet Wohl</b>			Treasurer Name <b>Kenneth Wohl</b>		
Street Address <b>PO Box 537</b>			Street Address <b>151 Kinder Kamack Road</b>		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Westwood</b>	State <b>NJ</b>	Zip <b>07675</b>
<b>LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>					
Director Name <b>Bennet Wohl</b>			Director Name <b>Kenneth Wohl</b>		
Street Address <b>PO Box 537</b>			Street Address <b>151 Kinder Kamack Road</b>		
City <b>Block Island</b>	State <b>RI</b>	Zip <b>02807</b>	City <b>Westwood</b>	State <b>NJ</b>	Zip <b>07675</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>SHARES AUTHORIZED</b>					
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.			<b>NO. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>		
			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.

Date: \_\_\_\_\_  
 Title: No. \_\_\_\_\_  
 Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that the information contained herein are true and correct.  
**FILED**  
 JAN 13 2020  
 BY 17039  
 [Signature]  
 Secretary of State  
 Date: 01/10/2020  
 Date: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Authorized Representative