RI SOS Filing Number: 202189100470 Date: 2/1/2021 4:00:00 PM

State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV
2021 FEB -1 PM 1:05

1. Entity ID Number	2. Exact name of the Corporation		
000043320	PHRED'S DRUG, INC.		
3. Principal Office Address	City	State	Zip
PO BOX 20250	CRANSTON	RI	02920
4 NAICS Code: 446110	6. Brief description of the character of business conducted in Rhode Island: RETAIL DRUG STORE AND RELATED SALES		
5 State of Incorporation: RI			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: CHARLES L ROSSI			Vice-President Name: MICHAEL C. ROSSI		
Street Address: 34 HIGHLAND STREET			Street Address: 270 ALPINE ESTATES DRIVE		
City: CRANSTON	State: RI	Zip: 02920	City: CRANSTON	State: RI	Zip: 02920
Secretary Name: CHARLES L. ROSSI			Treasurer Name: JAMES J. ROSSI		
Street Address: 34 HIGHLAND STREET			Street Address: 34 HIGHLAND STREET		
City: CRANSTON	State: RI	Zip: 02920	City: CRANSTON	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

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:

9. Shares Authorized — 10. Shares Issued — Check the box to indicate an attachment ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	COMMON	NONE

11. 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 that all statements contained herein are true and correct.

Name of Authorized Representative	Date
CHARLES L. ROSSI	1/27/21

Signature of Authorized Representative

FILED
FEB 01 2021

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

2DS58 A-A.

FORM 630 - Revised: 10/2017