State of Rhode Island and Providence Plantations

Department of State - Business Services Division

FILED

FEB 05 2021

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BY 012330

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.

1. Entity ID Number	2. Exact name of the Corporation
11695	SIMPSON'S PHARMACY INC.

3. Principal Office Address	City	State	Zip
10 NEWPORT AVENUE	PAWTUCKET	RI	02861

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
446110	PHARMACY
5. State of Incorporation: RHODE ISLAND	

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

	President	Vice-President
Name	CAROL L SMITH	CHERYL A STOUKIDES
Street Address	9 BUCKSKIN DRIVE	515 PINE STREET
City	MANSFIELD	SEEKONK
State	MA	MA
Zip	02048	02771

	Secretary	Treasurer
Name	CAROL L SMITH	CHERYL A STOUKIDES
Street Address	9 BUCKSKIN DRIVE	515 PINE STREET
City	MANSFIELD	SEEKONK
State	MA	MA
Zip	02048	02771

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

	Director	Director
Name	CAROL L SMITH	CHERYL A STOUKIDES
Street Address	9 BUCKSKIN DRIVE	515 PINE STREET
City	MANSFIELD	SEEKONK
State	MA	MA
Zip	02048	02771

	Director	Director
Name		
Street Address		
City		
State		
Zip		

9. Shares Authorized

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

Changes require an additional filing.

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

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
50	A COMMON	NO PAR VALUE
66	B COMMON	NO PAR VALUE

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: CAROL L SMITH

Date: 1/31/2021

Signature of Authorized Representative: Carol Smith

SIGN DOCUMENT HERE

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