RI SOS Filing Number: 202192400970 Date: 2/19/2021 4:00:00 PM

State of Rhode Island

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.

FILED STAMP
FEB 19 2021
B - 170468

1. Entity ID Number	2. Exact name of the Corporation
000038634	Block Island Pharmacy, Ltd.

3. Principal Office Address	City	State	Zip
PO Box 1179, Payne Road	Block Island	RI	02807

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
445120	General merchandise store, presently being discontinued.
5. State of Incorporation: RI	

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

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

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

Director Name: Bennet Wohl			Director Name: Kenneth Wohl		
Street Address: PO Box 537			Street Address: 151 Kinder Kamack Road		
City: Block Island	State: RI	Zip: 02807	City: Westwood	State: NJ	Zip: 07675
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
100	A	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	Date
Elliot Taubman, Esq.	2/13/2021

Signature of Authorized Representative: Elliot Taub

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

FORM 630 - Revised: 08/2020