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 MAR 29 P 2:58

1. Entity ID Number	2. Exact name of the Corporation			
0000553703	SAFE MEDICATION MANAGEMENT ASSOCIATES, INC.			
3. Principal Office Address: 5 Division Street		City: East Greenwich	State: RI	Zip: 02818
4. NAICS Code: 541690	6. Brief description of the character of business conducted in Rhode Island: TO MANAGE AND OPERATE A CONSULTING BUSINESS AND ANY AND ALL OTHER LEGAL PURPOSES			
5. State of Incorporation: RI				

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

President Name: Howerd Cohen			Vice-President Name: Robert Costa		
Street Address: 5 Division Street			Street Address: 5 Division Street		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Robert Costa			Treasurer Name: Robert Costa		
Street Address: 5 Division Street			Street Address: 5 Division Street		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818

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

Director Name: Howard Cohen			Director Name: Robert Costa		
Street Address: 5 Division Street			Street Address: 5 Division Street		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Director Name: Jerry Siegel			Director Name: Marianne Ivey		
Street Address: 5 Division Street			Street Address: 5 Division Street		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818

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
1,000		.01

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: Robert Costa
Date: 3/24/2021
Signature of Authorized Representative: [signature]

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

FILED
MAR 29 2021
BY [signature] 2:58

FORM 630 - Revised: 10/2017