



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

FEB 07 2023

BY 1055
ES

1. Entity ID Number 540681		2. Exact name of the Corporation PHARMCOR CONSULTANTS, INC.			
3. Principal Office Address 141 Power Road		City Pawtucket		State RI	Zip 02860
4. NAICS Code 541618	6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PHARMACY AND CONSULTANT SERVICES TO ORGANIZATIONS, PRACTITIONERS AND OTHER ENTITIES				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Catherine Cordy			Vice-President Name Vacant		
Street Address 7119 Vesuvio Place			Street Address		
City Boynton Beach	State FL	Zip 33437	City	State	Zip
Secretary Name Catherine Cordy			Treasurer Name Catherine Cordy		
Street Address 7119 Vesuvio Place			Street Address 7119 Vesuvio Place		
City Boynton Beach	State FL	Zip 33437	City Boynton Beach	State FL	Zip 33437
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Catherine Cordy			Director Name		
Street Address 7119 Vesuvio Place			Street Address		
City Boynton Beach	State FL	Zip 33437	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 <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		100	COMMON	NO PAR	
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 CATHERINE CORDY				Date 1/26/2023	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov