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State of Rhode Island
Department of State - Business Services Division

FILED STAMP
FEB 27 2023
BY 12978

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.

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

3. Principal Office Address	City	State	Zip
9 BUCKSKIN DRIVE	MANSFIELD	MA	02048

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

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

Director Name	Director Name
CAROL L SMITH	CHERYL A STOUKIDES
Street Address: 9 BUCKSKIN DRIVE	Street Address: 515 PINE STREET
City: MANSFIELD, State: MA, Zip: 02048	City: SEEKONK, State: MA, Zip: 02771
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
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	Date
CAROL L SMITH	2/16/2023

Signature of Authorized Representative: Carol Smith

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: 11/2021