		Rhode Island Secretary of State	Fee: \$20.00
	Division Of I	Business Services	
	148 W.	River Street	
	Providence	RI 02904-2615	
7636	(401)	222-3040	
Foreign Non-Prof	t		
Annual Report	•		
Filing Period: Februa	ry 1 - May 1		
	2.I.G.L. 7-6-94, each corporatio the time prescribed by law (R.I. ).		
ANNUAL REPORT	'EAR: <u>2023</u>		
1. Corporate ID No	. <u>000114043</u>		
2. Name of Corpor	ation CVS Foundation, Inc.		
3. State of Incorpo	ration		
State: <u>DE</u>			
	ARTIC	CLE III	
primary type of action populate a NAICS C	labeled NAICS Code below, so vity in which your entity engage code based on the chosen select further assistance with selection	es. The box to the right of ction. If the NAICS Code is	the dropdown will s known, enter it into the
NAICS Code			
813219			
<u></u>			
4. Principal Office	Address		
No. and Street:	1 CVS DRIVE		
City or Town:		tate: <b>RI</b> Zip: 02895	Country: <u>USA</u>
	of the Character of the Affairs		
GRANTING EDU	CATIONAL LOANS AND S	CHOLARSHIPS, MAK	ING DONATIONS TO
	S, OR FOR THE PREVENTI		
	PROVIDING FINANCIAL A	<u>SSISTANCE IN THE FO</u>	<u>ORM OF GIFTS,</u>
LOANS.			
	esses of the Officers and Dire	ectors:	
All officers and d	neolors must be iisled.		
1			

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
VICE PRESIDENT / TREASURER / DIRECTOR	CAROL A DENALE	1 CVS DRIVE WOONSOCKET, RI 02895 USA
VICE PRESIDENT / SECRETARY / DIRECTOR	THOMAS S MOFFATT	1 CVS DRIVE WOONSOCKET, RI 02895 USA
VICE PRESIDENT / ASSISTANT SECRETARY	TRACY L SMITH	1 CVS DRIVE WOONSOCKET, RI 02895 USA
DIRECTOR	JONEIGH S KHALDUN	1 CVS DRIVE WOONSOCKET, RI 02895 USA
DIRECTOR	ANTHONY SALERNO	1 CVS DRIVE WOONSOCKET, RI 02895 USA
PRESIDENT, DIRECTOR	SHERYL A. BURKE	ONE CVS DRIVE WOONSOCKET, RI 02895 USA
DIRECTOR	JAMES D. CLARK	ONE CVS DRIVE WOONSOCKET, RI 02895 USA

## 7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

CT CORPORATION SYSTEM 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

**Signed this 28 Day of March, 2023 at 10:11:22 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.* 

## By <u>NATALIE PICKENS</u>

Signature of Authorized Person

Form No. 631 Revised 09/07

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