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State of Rhode Island

## Department of State - Business Services Division

Annual Report for the year: 2023 Limited Liability Company

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

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

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1. Entity ID Number	2. Exact name of the Limit					
000220351		North Kingstown Pharmacy Associates, LLC				
3. NAICS Code 531120 5. State of Formation		character of business conducted	I in Rhode Island			
RI 		City	State	Zip		
6. Principal Office Address 200 Centreville Road, Unit 1	10	Warwick	RI	02886		
7 Mailing Address of Limite	d Liability Company and Name	or Title of Contact Person				
Contact Name Brian Bucci		Contact Title Managing N	Contact Title Managing Member			
Street Address PO Box 6187		City Warwick	State RI	Zip 02887		
	to a currently of record with t	the RI Department of State is acc	curate. Changes requir	re filing Form 642.		
the terror and the of positions	I declare and affirm that I have tatements contained herein a	e examined this report, including		ng schedules and		
Name of Authorized Persor			Date 4/11/2022	}		
Brian Bucci	$\sim$		4/11/2023	ა 		
Signature of Authorized Pe	rson		,			

MAIL TO:

**Division of Business Services** 

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

Phone: (401) 222-3040 Website: www.sos.ri.gov