



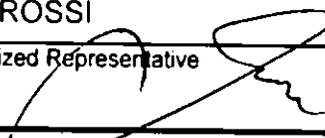
State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation _____

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

REC'D RSDS BSD
 24 FEB 16 PM 12:50:00
 STAMP
 FOR SECRETARY OF STATE
 USE ONLY

1. Entity ID Number 000043320		2. Exact name of the Corporation PHRED'S DRUG, INC.			
3. Principal Office Address PO BOX 20250			City CRANSTON	State RI	Zip 02920
4. NAICS Code 446110		6. Brief description of the character of business conducted in Rhode Island RETAIL DRUG STORE AND RELATED SALES			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name CHARLES L. ROSSI			Vice-President Name MICHAEL C. ROSSI		
Street Address 34 HIGHLAND STREET			Street Address 270 ALPINE ESTATES DRIVE		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
Secretary Name CHARLES L. ROSSI			Treasurer Name JAMES J. ROSSI		
Street Address 34 HIGHLAND STREET			Street Address 34 HIGHLAND STREET		
City CRANSTON	State RI	Zip 02920	City CRANSTON	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		300		COMMON	
				PAR VALUE	
				NONR	
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 CHARLES L. ROSSI				Date 2/15/24	
Signature of Authorized Representative 				FILED FEB 16 2024 BY 34519 	

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