State of Rhode Island Fee: \$50.00 Office of the Secretary of State Fee: \$50.00
Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040
Business Corporation Annual Report Filing Period: February 1 - May 1
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to
file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024 : <u>2024</u>
1. Corporate ID No. 001715942
2. Name of Corporation <u>ATWOOD PHARMACY INC</u>
3. Street Address Principal Business Office:
No. and Street: 1302 ATWOOD AVENUE
SUITE 2
City or Town: JOHNSTON State: RI Zip: 02919 Country: USA
4. Business Phone No.
<u>4013004443</u>
5. State of Incorporation
State: <u>RI</u>
NAICS CODE
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.
<u>446110</u>
6. Brief Description of the Character of Business Conducted in Rhode Island
PHARMACY/RETAIL
7. Names and Addresses of the Officers and Directors:
All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

PRESIDENT ZAHAN AKBAR 7 DOVER AVE LINCOLN, RI 02865 USA Shares Authorized and Issued Total Issued Class of Stock Series of Stock Par Value Per Total Issued and	IIIIe	Title Individual Name First, Middle, Last, Suffix		Address Address, City or Town, State, Zip Code, Country		
Class of Stock Series of Stock Par Value Per Share Total Authorized and Outstanding Num of Shares CWP \$0.0100 1,000.00 100 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 f the corporation by the receiver or trustee. igned this 30 Day of April, 2024 at 11:44:35 PM. This electronic signature of the individual or idividuals signing this instrument constitutes the affirmation or acknowledgement of the signatory nder penalties of perjury, that this instrument is that individual's act and deed or the act and deed f the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in ompliance with R.I. Gen. Laws § 7-1.2. ty ZAHAN AKBAR Signature of Authorized Representative of the Corporation	DRESIDENT			Address, City of Town, State, Zip Code, Country		
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© 2007 - 2024 State of Rhode Island	ndividuals signing this inst under penalties of perjury, f the corporation, and that	rument constitutes th that this instrument is the facts stated herei	e affirma s that indi	tion or aci ividual's a	knowledgement of t ct and deed or the	the signatory act and deed
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