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**State of Rhode Island**  
**Department of State - Business Services Division**

**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<br>001700406  |   | 2. Exact name of the Corporation<br>Matterhorn Inc.  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
|---|---|--|--------------------------------------|-------------------------|--------------|------------------|--------------|-----------|-----|-----|---|--|--|--|
| 3. Principal Office Address<br>88 East Main Road  |   | City<br>Middletown   |                                      | State<br>RI             | Zip<br>02842 |                  |              |           |     |     |   |  |  |  |
| 4. NAICS Code<br>446110   | 6. Brief description of the character of business conducted in Rhode Island<br>Retail Pharmacy with front store selling local goods |  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
| 5. State of Incorporation<br>RI   |   |  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |   |  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
| President Name - CEO<br>Matthew J. Olivier  |   |  | Vice-President Name<br>Erika Olivier |                         |              |                  |              |           |     |     |   |  |  |  |
| Street Address<br>88 East Main Road   |   |  | Street Address<br>88 East Main Road  |                         |              |                  |              |           |     |     |   |  |  |  |
| City<br>Middletown  | State<br>RI   | Zip<br>02842   | City<br>Middletown                   | State<br>RI             | Zip<br>02842 |                  |              |           |     |     |   |  |  |  |
| Secretary Name  |   |  | Treasurer Name                       |                         |              |                  |              |           |     |     |   |  |  |  |
| Street Address  |   |  | Street Address                       |                         |              |                  |              |           |     |     |   |  |  |  |
| City  | State   | Zip  | City                                 | State                   | Zip          |                  |              |           |     |     |   |  |  |  |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |   |  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
| Director Name   |   |  | 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  |   | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.  |   | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>CNP</td> <td>0</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                      |                         |              | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | CNP | 0 |  |  |  |
|   |   | NUMBER OF SHARES   | CLASS/SERIES                         | PAR VALUE               |              |                  |              |           |     |     |   |  |  |  |
| 100   | CNP   | 0  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
|   |   |  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
|   |   |  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
| 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. |   |  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
| <b>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.</b>                                       |   |  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |
| Name of Authorized Representative<br>Matthew J. Olivier   |   |  |                                      | Date<br>August 26, 2024 |              |                  |              |           |     |     |   |  |  |  |
| Signature of Authorized Representative<br><i>Matthew J. Olivier</i>   |   |  |                                      |                         |              |                  |              |           |     |     |   |  |  |  |

**FILED**

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

AUG 26 2024  
BY *[Signature]* **FILED**  
FORM 1000-12-2023