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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 001700406		2. Exact name of the Corporation Matterhorn Inc.			
3. Principal Office Address 88 East Main Road		City Middletown		State RI	Zip 02842
4. NAICS Code 446110		6. Brief description of the character of business conducted in Rhode Island Retail Pharmacy with front store selling local goods			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name - CEO Matthew J. Olivier			Vice-President Name Erika Olivier		
Street Address 88 East Main Road			Street Address 88 East Main Road		
City Middletown	State RI	Zip 02842	City Middletown	State RI	Zip 02842
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		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.					
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 Matthew J. Olivier				Date August 26, 2024	
Signature of Authorized Representative <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]* FORM 1022 (Rev. 12/2023)