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## State of Rhode Island 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 **2025**: <u>2025</u>

1. Corporate ID No. 001700405

2. Name of Corporation MATT'S COASTAL PHARMACY INC.

3. Street Address Principal Business Office:

No. and Street: 88 EAST MAIN ROAD

City or Town: MIDDLETOWN State: RI Zip: 02842 Country: USA

4. Business Phone No.

5. State of Incorporation

State: RI

## **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.

446110

6. Brief Description of the Character of Business Conducted in Rhode Island

WE ARE A RETAIL PHARMACY WITH SMALL FRONT STORE SELLING LOCALLY MADE

PRODUCTS.

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MATTHEW OLIVIER	88 E MAIN RD MIDDLETOWN, RI 02842 USA
TREASURER	MATTHEW OLIVIER	88 E MAIN RD MIDDLETOWN, RI 02842 US
SECRETARY	MATTHEW OLIVIER	88 E MAIN RD MIDDLETOWN, RI 02842 USA
DIRECTOR	MATTHEW OLIVIER	88 E MAIN RD MIDDLETOWN, RI 02842 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
CNP		\$0.0000	100.00	0

9. 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.

**Signed this 28 Day of February, 2025 at 12:44:54 PM.** This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

## By NAT SMITH

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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