RALPH MOIL	State of Rhode Isla	and and Prov the Secretar		ions Fee: \$50.00
Corporations Division				
148 W. River Street				
Providence, Rhode Island 02904-2615				
etary of 5	•	ione. (101) 222	2.5010	
Limited Liability	Company			
Annual Report Filing Period: Septen	nber 1 - November 1			
	.I.G.L. 7-16-66(d), each limite			g to
	within thirty (30) days after the ect to a penalty fee of \$25.00		i by law (R.I.G.L.	
ANNUAL REPORT	YEAR: <u>2008</u>			
1. ID No. <u>0001</u>	<u>59122</u>			
2. Exact Name of the Limited Liability Company CVS 75389 RI, L.L.C.				
3. State of Format	ion			
State: DE				
REAL ESTATE A				
5. Principal Office				
No. and Street:	ONE CVS DRIVE	~		~
City or Town:	<u>WOONSOCKET</u>	State: <u>RI</u>	Zip: <u>02895</u>	Country: <u>USA</u>
6. Mailing Address	of Limited Liability Compa	iny and Name o	or Title of Contact	Person:
Contact Name: Co	ntact Title:			
No. and Street:	ONE CVS DRIVE			
City or Town:	WOONSOCKET	State: <u>RI</u>	Zip: <u>02895</u>	Country: <u>USA</u>
7. Name and Addro DO NOT LIST MI	ess of Each Manager of the EMBERS	Limited Liabil	ity Company, if A _l	oplicable.
Title	Individual N	ame	Address	
First, Middle, Last, Suffix		Suffix	Address, City or Town, State, Zip Code, Country	
		I	· · ·	
	IT IN RHODE ISLAND - DO N Filing of Form 642 - R.I.G.			
CT CORPORATIC	N SYSTEM 155 SOUTH MAII	N STREET, SUI	TE 301 PROVIDEN	<u>CE</u> , <u>RI 02903</u>
9. This report must	t be executed by an authori	zed person pu	rsuant to R.I.G.L. 7	7-16-66 (b).

Signed this 21 Day of April, 2009 at 9:43:59 AM by the authorized person. 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By <u>MELANIE LUKER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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