RALPH MOIL	State of Rhode Island and Pr Office of the Secreta		ions Fee: \$50.00
	Corporations Di	vision	
148 W. River Street			
Providence, Rhode Island 02904-2615			
cretary of 5ta	Telephone: (401) 2	22-3040	
Limited Liability Company			
Annual Report			
Filing Period: September 1 - November 1			
In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to			
file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L.			
7-16-66(b&c)) is subject to a penalty fee of \$25.00.			
ANNUAL REPORT YEAR: 2009			
1. ID No. <u>000159122</u>			
2. Exact Name of the Limited Liability Company CVS 75389 RI, L.L.C.			
3. State of Formation			
State: <u>DE</u>			
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island <u>REAL ESTATE ACQUISTION</u>			
5. Principal Office Address			
No. and Street:	ONE CVS DRIVE		
City or Town:	WOONSOCKET State: R	I Zip: <u>02895</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:			
	ct Title:		
	ONE CVS DRIVE		
City or Town:	WOONSOCKET State: R	<u>I</u> Zip: <u>02895</u>	Country: <u>USA</u>
7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS			
Title	Individual Name	Ad	ddress
	First, Middle, Last, Suffix	Address, City or Towr	n, State, Zip Code, Country
,		1	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11			
CT CORPORATION SYSTEM 155 SOUTH MAIN STREET, SUITE 301 PROVIDENCE , RI 02903			
9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).			

**Signed this 24 Day of September, 2009 at 10:55:29 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 K. LUKER</u> Signature of Authorized Person

Form No. 632 Revised 09/07

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