

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005
Filing Period: January 1 - March 1 Filing Fee: \$50.00

2. Name of Corporation

93621	ProCare Phar	macy, inc.			
3. Street Address Principal Busin			City	State	Zip
ONE CVS DRIVE ATT	N:M. LUKER		WOONSOCKET	RI	02895
4. Business Phone No.		5. State of Incorpora	tion	****	6. SIC Code
4017703565		RHODE ISLAI	ND		0
7. Brief Description of the Chara	cter of Business Condi	icted in Rhode Island			
MARKETING, CONSULTAT	TION AND ANALY	sis in the pieli	O OFPHARMACY.		
8. NAMES AND ADDRESS	ES OF THE OFFI	CERS ("X" BOX FOR	ATTACHMENT) THE IN SI	PACES BEFORE USING	TTACHMENTS
President Name			Vice President Name		
Gregory S. Weishar	•		John M. Buckle	У	
Street Address	•		Street Address		
695 George Wash Hw	r y		.695 George Was	h Hwy	
City	State	Zip	City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
Secretary Name			Treasurer Name	_	
Zenon P. Lankowsky	,		John M. Buckley	/	
Street Address			Street Address		
One CVS Drive		12:	.695 George Wash		····
City	State	Zip	City	State	Zip
Woonsocket	RI	02895	.Lincoln	RI	02865
9. NAMES AND ADDRESS Director Name	SES OF THE DIRE	CTORS ("X" BOX FO	RATTACHMENT) FILL IN	SPACES BEFORE USING	CATTACHMENTS
Gregory S. Weishar	•		John M. Buckle	У	
Street Address	······································		· Street Address		
695 George Wash Hw	r y		:695 George Wasi	h Hwy	
City	State	Zip	•Ciry	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
Director Name			Director Name		
Zenon P. Lankowsky	,		• •		
Street Address			·Street Address		
One CVS Drive	1000				
City	State	Zip	.Cliy	State	Zip
Woonsocket	RI	02865	'		
10. SHARES AUTHORIZE	D ("X" BOX FOR A	TTACHMENT)		X" BOX FOR ATTACHME	<u> </u>
AUTHORIZED SHARES Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
reserver of shares	CIM3/SEFIES	1 01 70100	- 	Ciuss/series	I di Faluc
20,000 NO PAR VALUE			20,000		
					
This report must be signe	<mark>d in ink</mark> by either	the President, Vice	President, Secretary, Assi	stant Secretary, Treas	surer, Receiver or Trustee
IN IRARA INKIN MATIN					
9 3 6			Under neaslty of se	riury I declare and affirm	that I have examined
	- •		Under penalty of perjury, I declare and affirm that I have examine this report, including any accompanying schedules and statement		
100001 DBC 00/10/05	20.40.05 5141			this report, including any accompanying schedules and state and that all statements contained herein are true and correct.	
93621 DBC 02/10/05 (02:16:05 PM				, , , ,
File Date			1 / Yulan	MULION	a-14-05
	LED		Signature of Officer		Date
Check Ho.		4838lddo	Melanie K.	Luker	
MAY () 3 2005	~ D 204420	Print or Type Name o	Officer	
- 4	I/: A		Assistant S	Secretary	
FOR SECRETARE STATE	UNE ONLY		Title of Officer	,	Form 630 12/01

ProCare

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DIRECTORS

Gregory S. Weishar 695 George Washington Highway Lincoln RI 02865

Zenon P. Lankowsky One CVS Drive Woonsocket RI 02895

John M. Buckley 695 George Washington Highway Lincoln RI 02865

OFFICERS

Gregory S. Weishar President 695 George Washington Highway Lincoln RI 02865

Zenon P. Lankowsky
One CVS Drive
Woonsocket RI 02895

John M. Buckley Vice President, Treasurer and Controller 695 George Washington Highway
Lincoln RI 02865

Jeffrey W. Mittleman Assistant Secretary
One CVS Drive
Woonsocket RI 02895

Thomas S. Moffatt Assistant Secretary
One CVS Drive
Woonsocket RI 02895

Melanie K. Luker Assistant Secretary
One CVS Drive
Woonsocket RI 02895



FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - i	March I 🍨 Filing		KI FOR THE	IEAN	
(FORM MUST HE TYPED IN BL	<u></u>	·			·····
1. Corporate ID No. 93621	2. Name of Corporation ProCare Pharma				
3. Street Address Principal Busine	ss Office	· · · · · · · · · · · · · · · · · · ·	City	State	Zip
ONE CVS DRIVE ATTN	••		WOONSOCKET	RI	02895
4. Business Phone No.		S. State of Incorporation			6. SIC Code
4017703565		RHODE ISLAND			0
7. Brief Description of the Charac	ter of Business Conducte	d in Rhode Island	 		
MARKETING, CONSULTAT			PPHARMACY.		
8. NAMES AND ADDRESS	ES OF THE OFFICE	RS ("X" BOX FOR ATT	ACHMENT) IN FILL IN SI	PACES BEFORE USING AT	TACHMENTS
President Name	• • •		Vice President Name		
Gregory S. Weishar		······································	John M. Buckle	У	· · · · · · · · · · · · · · · · · · ·
Sircei Address			Street Address		
695 George Washing				hington Highway	<u> </u>
City	State	Zip	City	State	Zip
Lincoln	RI	02865	·Lincoln	RI	02865
Secretary Name			Treasurer Name		
Zenon P. Lankowsky	· 		.John M. Buckle	y 	
Street Address			Street Address		
One CVS Drive			.695 George Was		
City	State	Zip	*City	State	Zip
Woonsocket	RI	02895	.Lincoln	RI	02865
9. NAMES AND ADDRESS Director Name	ES OF THE DIRECT	ORS ("X" BOX FOR A	TTACHMENT) FILL IN	SPACES BEFORE USING	ATTACHMENTS
Gregory S. Weishar			John M. Buckle	v	
Sircei Address			Street Address	<u> </u>	
695 George Washingt	con Highway			hington Highway	
City	State	Zip	·City	State	Zip
Lincoln	RI	02865	Lincoln	RI	02865
Director Name			* Director Name		• • • • • • • • • • • • • • • • • • • •
Zenon P. Lankowsk	<u>y</u>		•		
Street Address			·Street Address		
One CVS Drive	Te	10.		· · · · · · · · · · · · · · · · · · ·	
City Woonsocket	State RI	Zip	City	State	Zip
	4 ·	02895	المتعدد المعاملات الأمع		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
10. SHARES AUTHORIZE	O ("X" BOX FOR ATTA	ACHMENT) 📗		X" BOX FOR ATTACHMEN	カロ
AUTHORIZED SHARES Number of Shares	Classification	Par Value	ISSUED SHARES Number of Shares	Class/Series	D- V-1-
Trumber by Shares	Closs/Scries	rar value	Number of Shares	Ciassiseries	Par Value
20,000 NO PAR VALUE			20,000		
	· · · · · · · · · · · · · · · · · · ·		100,000		
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(' <u></u>		 			
This report must be signed	in ink by either th	e President, Vice Pr	esident, Secretary, Assi	istant Secretary, Treast	irer, Receiver or Trustee
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, , ,	•		this report, including	erjury, I declare and affirm	
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93621 DBC 02/06/04 0	4:11:49 PM		///	M = M = M = M = M = M = M = M = M = M =	
File Date 3.17.09			//W//LM	WIII	
4260113	U	1	Signature of Officer	()	Date 14 * No.
Check No. 108843	<u>' </u>	1	Melanie K.	Luker	
1	· ^		Print or Type Name o		

Assistant Secretary

Form 630 12/01

Title of Officer

ProCare

DIRECTORS

Gregory S. Weishar 695 George Washington Highway Lincoln RI 02865

Zenon P. Lankowsky One CVS Drive Woonsocket RI 02895

John M. Buckley One CVS Drive Woonsocket RI 02895

OFFICERS

Gregory S. Weishar President 695 George Washington Highway Lincoln RI 02865

Zenon P. Lankowsky

Vice President and Secretary

One CVS Drive

Woonsocket RI 02895

John M. Buckley Vice President, Treasurer and Controller 695 George Washington Highway

Lived DI 02006

Lincoln RI 02865

Jeffrey W. Mittleman

Assistant Secretary

One CVS Drive

Woonsocket RI 02895

Thomas S. Moffatt

Assistant Secretary

One CVS Drive

Woonsocket RI 02895

Melanie K. Luker One CVS Drive Assistant Secretary

Woonsocket RI 02895



Matthew A. Brown, Secretary of State Corporations Division 160 North Main Street, Providence, RI 02903-1335 401-222,3040

			2002
PROFIT	CORPORATION ANNUAL	REPORT FOR THE YEAR	2003

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I. Corporate ID No. *93621*	: 2. Name of Con : ProCare F	rporation Pharmacy, Inc.			,
3. Street Address Principal E			Ciry	State	Zip
ONE CVS DRIVE A			WOONSOCKET	RI	02895
1. Business Phone No.	***************************************	5. State of Incorporation			6. SIC Code
4017703565		RHODE ISLAND			. 0
Brief Description of the C MARKETING, CONSUL	haracter of Business (TATION AND AN	onducted in Rhode Island ALYSIS IN THE FIBLD OF	PHARMACY.		
8. NAMES AND ADDR	esses of the o	FFICERS ("X" BOX FOR ATT		ACES BEFORE USING A	TTACHMENTS
Gregory S. Weis	har		Vice President Nume Zenon P. Lankow	sky. Vice Presi	ident/Secretary
Street Address			Street Address		
695 George Wash	ington Highw	ay	One CVS Drive		
Cirv	State	Zip	City	: State	Zip
Lincoln	RI	02865	Woonsocket	RI	02895
ecretary Name			Treasurer Name		
Melanie K. Luke:	r, Assistant	Secretary	John M. Buckley		
Street Address			Street Address		
One CVS Drive			695 George Wash	ington Highway	
City	State		Cin	State	Zip
Woonsocket	RI	02895	Lincoln	RI	02865
		IRECTORS CX"BOX FOR AT			
Director Name	THE RANGE OF	THE RULE TO SERVE THE SE	Director Name	e ac as asserte usinu	THE REPORT OF THE PARTY AND ADDRESS OF THE PAR
Thomas M. Ryan			Gregory S. Weis	har	
Street Address	*** ** **** ** * * * * **********		Street Address		
One CVS Drive			695 George Wash	ington Highway	
City	State	7in	City	State	7in
Woonsocket	RI	: <i>Zip</i> : 02895	Lincoln	RI	<i>Zip</i> : 02865
Director Name		, , , , , , , , , , , , , , , , , , , 	Director Name		, 02003
Zenon P. Lankows	skv		ыпесть мате		
Street Address		enders of the second	Constant Address		a commence of the same of the same of
One CVS Drive			Street Address		
Ciry	State	Zıp	City	State	Zip
Woonsocket	RI	02895		Jille	
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10. SHARES AUTHOR	ALEM ("A BOX FO	ik ai iachmikni) 📋	11. SHARES ISSUED ("X	BUX FUR ATTACHME!	White the state of
NUTHORIZED SHARES Vumber of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
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20,000 NO PAR VAL	UE		20,000	common	NPV
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		**************************************	:	. , , , , , , , , , , , , , , , , ,	:
his report must be sig	gned in ink by ei	ther the President, Vice Pre-	sident Secretary Assis	tant Secretary, Treas	urer, Receiver or Tru
* 9	3 6 2 1 *			ury, I declare and affirm	
	 			any accompanying sche	
*93621 DBC2/26 43	增:1 230 例Y	·	and that all statement	s contained herein are tr	ue and correct.
File Date	الله النبية المنا		//k a V /k a l /		FEB 2 5 2003
	0.4.0000	-			*-
Check No. PIAK	21 2003		Signature of Officer	H	Date
		— <u> </u>	Melanie K. L		
$_{B_{V}}$ By	721831	<u>blo</u> (GD1)	Print or Type Name of (
-			Assistant Se	cretary	
FOR SECRETARY OF STA	HE USE ONLY		Title of Officer	-	Form 630

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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PLEASE	READ
INSTRU	CHOSS

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 93621 ProCare Pharmacy, Inc. 3. Street Address Principal Business Office City One CVS Drive Attn: M. Luker/Legal Dept. 4. Business Phone No. S. State of Incorporation 6. SIC Code 401-770-3565 **RHODE ISLAND** 7. Brief Description of the Character of Business Conducted in Rhode Island retail pharmacy 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) XFILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Street Address Street Address Gregory S. Weishar Zenon P. Lankowsky 695 Geo. Washington Hwy.p One CVS Drive City State Zip Lincoln RI 02865 Woonsocket RI 02895 Secretary Name Treasurer Name Street Address főKh W. Buckley Zenon P. Lankowsky 695 Geo. Washington Hwy One CVS Drive City 210 Woonsocket RI Ľincoln RI 02865 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Street Address Thomas M. Ryan Zenoff中. Lankowsky One CVS Drive One CVS Drive Woonsocket RI Rffate Zip 02895 Woonsocket 02895 Director Name Director Name Christopher W. Bodine Gregory, S. Weishar Street Address One CVS Drive 695 Geo. Washington Hwy Woonsocket RI 02895 L'incoln RI 02865 ZIP 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 20,000 NO PAR VALUE 20,000 Common O)

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: 3-11-02

Check No.: 2203015

FOR SECRETARY OF STATE USE ONLY

Melanie Luker
Print or Type Name of Officer Assistant Secretary

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.

Title of Officer

Signature of Officer

ProCare

DIRECTORS

Thomas M. Ryan One CVS Drive Woonsocket RI 02895

Gregory S. Weishar 695 George Washington Highway Lincoln RI 02865

Zenon P. Lankowsky One CVS Drive Woonsocket RI 02895

OFFICERS

Gregory S. Weishar President 695 George Washington Highway Lincoln RI 02865

Zenon P. Lankowsky

Vice President and Secretary

One CVS Drive

Woonsocket RI 02895

John M. Buckley

Vice President, Treasurer and Controller

695 George Washington Highway

Lincoln RI 02865

Thomas S. Moffatt

Assistant Secretary

One CVS Drive

Woonsocket RI 02895

Melanie K. Luker One CVS Drive

Assistant Secretary

Woonsocket RI 02895

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

ruing	rerioa:	January	1-March I	•	Filing	Fee:	\$50.00

(FORM MUST B	BE TYPED	IN BLACK)
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1. Corporate ID No. 621

ProCare Pharmacy, Inc.

3. Street Address Princi @ The low Editor Attn: M. Luker/Legal Dept. City

Woonsocket RI State 02895

Zίρ

4. Business Phone No. 401-765-1500 x 3565

5. STOLOGE TELAND

6. SIC Cot

7. Brief Description of the Charactes of Rusiness Conducted in Rhode Island
retail pharmacy chain

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHM	ENT) XFILL IN SPACES BEFORE USING ATTACHMENTS
President Name	Vice President Name

Street Address

City

City

City

City

Dennis C. Burton

One CVS Drive

Woonsockete RI 02895

Zenona?...Lankowsky

One CVS Drive

Woonsocket

Treasurer Name

RI State 02895

Zip

Secretary Name

Street Address

Zenon P. Lankowsky

One CVS Drive

Woonsocket, RI

02895,

Larry D. Solberg One CVS Drive

Woonsocket

RI state 02895

02895

Zip

FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Director Name

Street Address

Street Address

Thomas M. Ryan

One CVS Drive

Woonsocket RI

Larry J. Zigerelli

Woonsocket RI

State

One CVS Drive

02895

02895

ZIp

Director Name

Dennis C. Burton

One W/& Drive

OKE CVS Drive

Woonsocket

Woonsocket RI 02895

Zenon P. Lankowsky

State

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

RI State

Zip

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

ISSUFED SHARES

Class/Series

Par Value

20,000 common

Number of Shares

. no par value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

20,000 NO PAR VALUE

18/2652

FOR SECRETARY OF STATE USE ONLY

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 hirein are true and correct

Melanie Luker

Print or TypeASSISTEMUSEcretary

Title of Officer

ProCare Pharmacy, Inc.

DIRECTORS

Thomas M. Ryan Lawrence J. Zigerelli Dennis C. Burton Zenon P. Lankowsky

OFFICERS

Dennis C. Burton 200 Poppasquash Road Bristol RI 02809 President

Zenon P. Lankowsky 4 Francis Farm Road Harrisville RI 02830 Vice President and Secretary

Larry D. Solberg 228 Freeman Parkway Providence RI 02906 Vice President and Treasurer

Thomas S. Moffatt 29 Homestead Circle Kingston RI 02881

Assistant Secretary

Melanie K. Luker 9 Primrose Drive Cranston RI 02920

Assistant Secretary

Linda M. Cimbron 45 Bridge Street Warren, RI 02885 **Assistant Secretary**

Business Address:

One CVS Drive, Woonsocket RI 02895

June 1, 2000

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 . Filing Fee: \$50.00

(FOR M MUST BE TYPED IN BLACK)

1. Corpuste 1D No.

2. Name of Corporation

93621

ProCare Pharmacy, Inc.

3. Streen Address Principal Business Office

02895

Zip

6. SIC Code

Bus less Phone No.

One CVS Drive Attn: M. Luker/Legal Dept.Woonsocket RI 5. State of Incorporation

RHODE ISLAND

401-765-1500 x 3565
the Character of Business Conducted in Rhode Island

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Y FILL IN SPACES BEFORE USING ATTACHMENTS

Street Attress

Dennis C. Burton

One CVS Drive

City

Woonsocket RI 02895

Zenon P: Lankowsky

One CVS Drive

Woonsocket

Treasurer Name

RI State 02895

Zip

SecretaryName

Zenon P. Lankowsky Street A Mress

One CVS Drive

Woonsockete RI

02895%

Larry D., Solberg

One CVS Drive

Woonsocket

RI State 02895

210

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name

Charles C. Conaway Street Address

One CVS Drive

Woonsockete RI

م 02895

Zenon P., Lankowsky

One CVS Drive Woonsocket

RI state 02895

Director Name

Cir

City

Daniel C. Nelson Street Addiess

20,000 NO PAR VALUE

One CVS Drive

Woonsocket, RI

Director Name

Dennis C. Burton

One CVS Drive

Woonsocket

RI State 02895

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZZO SHARES

Number of Shares

Class/Series

Par Value

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ESSUED SHARES

Number of Shares

Class/Series

10,527.

Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and at all statements contained herein are true and correct.

Melanie K. Luker Print of Assistant Secretary

Title of Officer



ProCare Pharmacy, Inc.

DIRECTORS

Charles C. Conaway Dennis C. Burton Zenon P. Lankowsky Daniel C. Nelson

OFFICERS

Charles C. Conaway Chairman and Chief Executive Officer

Larry Niederkohr Executive Vice President/Chief Operating Officer

Dennis C. Burton President

Timothy L. Martin Executive Vice President Vice President and Secretary

Francis J. Hall Vice President
Robert E. Nault Vice President
Peter F. Pecoraio Vice President
Michael K. Golub Vice President

Larry D. Solberg Vice President and Treasurer

Joseph P. Couture Assistant Treasurer Edward J. Sturgeon Assistant Treasurer Thomas S. Moffatt Assistant Secretary Diane McMonagle Glass **Assistant Secretary** Timothy E. Kramer Assistant Secretary Melanie K. Luker Assistant Secretary Linda M. Cimbron **Assistant Secretary** Susanne L. Harrod Assistant Secretary

Business Address:

One CVS Drive

Woonsocket RI 02895



FOR SECRETARY OF STATE USE ONLY

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP
LPLEASE READ INSTRUCTIONS

, 	TYPED IN BLACK)				
1. Corporate ID No. 93621		tion narmacy, Inc.			
3. Street Address Pr	incipal Business Office	•• •• —————————————————————————————————	City	State	Zip
4. Business Phone N	One CVS Drive Attn:	, S. State of Incorporation	·	RI 02895	6. SIC Code
7. Brief Description	401-765-1500 x 3565 of the Character of Business Conducted i specialty pharmacy se	RHODE ISLANI			
	D ADDRESSES OF THE OFFI		MENT) (FILL IN SDACES B	EFODE HEING ATTACK	11455
President Name		ODENOS A DONTOS ATTACA	Vice President Name	EFORE USING ATTACK	IMEN 13
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·
	_ Dennis Burton	· - · · - · · - · -			
City	One CVS Drive	Zip	City	State	Zip
Secretary Name	Woonsocket RI .028	95.i	Treasurer Name	[
Et and Address					
Street Address	Zenon P. Lankowsky	•	: Street Address Philip C. Galbo		
City	One CVS Drive	Zip	Qne CVS Drive	State	Zip
	Woonsocket RI	02895	Woonsocket	RI 02895	2.19
9. NAMES AND Director Name	D ADDRESSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	Director Name	BEFORE USING ATTA	CHMENTS
Street Address	Thomas M. Ryan		Charles C. Conaway		
City	One CVS Drive	02895	-One CVS Drive ,Woonsocket	RI 02895	Zip
Director Name	***************************************	•••••••	Director Name		
Street Address	Daniel C. Nelson	···	Dennie-Burton		
	One CVS Drive		One CVS Drive		
City	Woonsocker RI	02895"	Wöonsocket RI 02895	State	Zip
10. SHARES AU	THORIZED ('X' BOX FOR ATTA	CHMENT)	11. SHARES ISSUED ('X'	BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Class/Series	Par Value
100 NO PA	R VALUE				
			100 common	no par value	
This report mu	st be signed in ink by eith	er the President. Vice Pr			er Receiver or Tructon
	* 9 3 6 2 1			iry, I declare and affirm	
File Date:	ph (9,99	·• ·• ·· ·· ·· · · · · · · · · · · · ·	this report, Including a that all statements con		tules and statements, and not correct.
Check No.;	1114214 Ox	Thi	Signature of Officer		

Print or Type Name of Officer

Title of Officer

Assistant Secretary

ProCare Pharmacy, Inc.

DIRECTORS

Thomas M. Ryan Charles Conaway Daniel Nelson Dennis Burton Zenon P. Lankowsky

OFFICERS

Thomas M. Ryan Chairman
Charles Conaway CEO
Dennis Burton President

Timothy Martin Executive Vice President Vice President/Secretary

Francis J. Hall

Robert E. Nault

Peter Pecorio

Dino DeThomas

Joseph Cassick

Michael K. Golub

Philip C. Galbo

Vice President

Vice President

Vice President

Vice President

Treasurer

Joseph P. Couture

Diane McMonagle Glass

Brenna B. Jordan

Michael B. Nulman

Joan C. White

Assistant Treasurer

Assistant Secretary

Assistant Secretary

Assistant Secretary

Assistant Secretary

Thomas S. Moffatt
Christine L. Egan
Melanie K. Luker
Maurice Laliberte
Assistant Secretary
Assistant Secretary
Assistant Secretary

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998 Filing Period: January 1-March 1 • Filing Fee: \$50.00

401-277-3040

FORM MUST BE T	TYPED IN BLACK)				`
936 2	2. Name of Corpora	re Pham	racy, INC.		
. Street Address Pri	incipal Business Office	•	Elly) = · ·	State	Zip
I. Business Phone N	One CVS Drive Attn.	M. Luker/Legal 5. State of Incorporate		t RI 02895	6. SIC Code
. Brief Description	401-765-1500 x 3565 of the Character of Business Conducted I	n Rhode Island		•	
PHA <i>r</i> B. NAMES AN	Macy operation of addresses of the offi	MUTKL+1 ICERS (*X* BOX FOR A1	ng and Consu tagament)	lting	
resident Name			Vice President Name		
itreet Address	Dennis Burton		Street Address		
City	One CVS®rive	Zip	City	State	Zip
Secretary Name	Woonsocket RI 02	895	Treasurer Name		•
Street Address	Zenon P. Lankowsky		Philip C. Galbo		
Sity	One CVS Drive Woonsocket RI	02895	One CVS Drive Woonsocket	State RI 02895	Zip
9. NAMES AN Director Name	D ADDRESSES OF THE DIR			14 02070	
Street Address	Thomas M. Ryan One CVS Drive		Cหมีก็ยัร C. Conawa One CVS Drive	•	
City	Woonsocket RI	02895	Woonsocket	RI ^{State} 02895	Zip
Director Name		٠	Director Name		•
Street Address	Daniel C. Nelson One CVS Drive		Street Address		
City	Woonsocker RI	02895	City	State	Zip
10. SHARES A AUTHORIZED SHARES	.UTHORIZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
100	Common	0	100	Cammon	٥
		,			
This report m	ust be signed in ink by eit	her the President, V	ice President, Secretary, Ass	sistant Secretary, Treasure	r, Receiver

or Trustee

this report, lackuding any accompanying schedules and stateme that all statements contained herein are true and correct. 1498	camined	Under penalty of perjury, I declare and affirm that I have ex	
ille Dale: 7-21-98 Signature of Officer Signature of Officer Strong L. Lan Kowsky Prihit of Strong Name of Officer Strong L. Lan Kowsky Prihit of Strong Name of Officer	ements, an		
ineck No.: 87565/ Zenon R. Lan Kows Ky Pilht of The North of Spicer Secretary	Q	that all fratements contained herein are true and correct.	ile Daie: <u>7-21-98</u>
Prihe of Type Northe of Stifficer Put of Type Northe of Stifficer	_0		Check No.: 87365/
" - Cretary		Print of The Name of Officer	AMF
OR SECRETARY OF STATE USE ONLY Title of Officer		Title of Officer	OR SECRETARY OF STATE USE ONLY