No. <b>C 207026</b>		Due no later than Sep 30, 2018		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		AND CONTRACT TO SECURITY SECURITY AND AND AND	C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CVS PHARMACY, INC.  MELANIE K LUKER  ONE CVS DRIVE  LEGAL DEPT.		BOISE ID 83	921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		WOONSOCKET RI 02895		J. <u>New</u> Registered	3. <u>retr</u> registered rigent orginature.			
4. Corporations: Enter Na	ames and Busin	ess Addresses of F	President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	THOMAS S MOFFATT		ONE CVS DRIVE	WOONSOCKET	RI	USA	02895	
DIRECTOR	CAROL A DENALE		ONE CVS DRIVE	WOONSOCKET	RI	USA	02895	
TREASURER	CAROL A DENALE		ONE CVS DRIVE	WOONSOCKET	RI	USA	02895	
VICE PRESIDENT	THOMAS S MOFFATT		ONE CVS DRIVE	WOONSOCKET	RI	USA	02895	
PRESIDENT	CAROL A DENALE		ONE CVS DRIVE	WOONSOCKET	RI	USA	02895	
SECRETARY	THOMAS S	MOFFATT	ONE CVS DRIVE	WOONSOCKET	RI		02895	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
RI C 207026		Signature: THOMAS S MOFFATT			Date: 09/19/2018			
		Name (type or print): THOMAS S MOFFATT			Title: SECRETARY			
Processed 09/19/2018 * Electronically provided signatures are accepted as original signatures.								