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| No. C 207026 | | Due no later than Sep 30, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. CVS PHARMACY, INC. MELANIE K LUKER ONE CVS DRIVE LEGAL DEPT. WOONSOCKET RI 02895 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). | | | | | | | |
| Office Held SECRETARY | Name THOMAS S MOFFATT | Street or PO Address ONE CVS DRIVE | | City WOONSOCKET | State RI | Country | Postal Code 02895 |
| 5. Organized Under the Laws of: RI C 207026 | 6. Annual Report must be signed.* Signature: THOMAS S. MOFFATT Name (type or print): THOMAS S. MOFFATT Date: 09/12/2017 Title: SECRETARY | | | | | | |
| Processed 09/12/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |