

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