

SCC eFile

2016 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

216523801

1.) CORPORATION NAME:

GREEVER'S DRUG STORE, INCORPORATED

DUE DATE: **7/31/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**JOHN BRENT FOSTER
106 HWY 11
PO BOX 556**

SCC ID NO: **00506352**

CHILHOWIE, VA

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	250

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

SMYTH COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

VA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: PO BOX 556

CITY/ST/ZIP: CHILHOWIE, VA 24319

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	JOHN BRENT FOSTER		
TITLE:	PRESIDENT		
ADDRESS:	225 CHURCH AVE		
CITY/ST/ZIP/CO:	CHILHOWIE, VA 24319		

		<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	CAROLYN A FOSTER		
TITLE:	S/T/VP		
ADDRESS:	225 CHURCH AVE		
CITY/ST/ZIP/CO:	CHILHOWIE, VA 24319		

		<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	ZACHARY C FOSTER		
TITLE:	DIRECTOR		
ADDRESS:	225 CHURCH AVE		
CITY/ST/ZIP/CO:	CHILHOWIE, VA 24319		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

<u>/s/ JOHN BRENT FOSTER</u>	<u>JOHN BRENT FOSTER,</u>	<u>6/24/2016</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRESIDENT PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.