

1.) CORPORATION NAME:

**THRIFT DRUG, INC.**

DUE DATE: **2/29/2016**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX ROAD, SUITE 285  
GLEN ALLEN, VA**

SCC ID NO: **F1066358**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 30 HUNTER LANE

CITY/ST/ZIP: CAMP HILL, PA 17011

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:	KENNETH C BLACK	
TITLE:	PRESIDENT	
ADDRESS:	30 HUNTER LANE	
CITY/ST/ZIP/CO:	CAMP HILL, PA 17011	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUSAN LOWELL	
TITLE:	VICE PRESIDENT	
ADDRESS:	30 HUNTER LANE	
CITY/ST/ZIP/CO:	CAMP HILL, PA 17011	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DOUGLAS DONLEY	
TITLE:	TREASURER	
ADDRESS:	30 HUNTER LANE	
CITY/ST/ZIP/CO:	CAMP HILL, PA 17011	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	GERALD CARDINALE	
TITLE:	SECRETARY	
ADDRESS:	30 HUNTER LANE	
CITY/ST/ZIP/CO:	CAMP HILL, PA 17011	

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.

/s/ SUSAN LOWELL	SUSAN LOWELL, VICE	2/25/2016
_____ 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.