

SCC eFile

2014 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

214553547

1.) CORPORATION NAME:

**CVS Pharmacy, Inc.**

DUE DATE: **12/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

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

SCC ID NO: **F1278862**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**RI**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: ONE CVS DR

CITY/ST/ZIP: WOONSOCKET, RI 02895

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 type="checkbox"/>	DIRECTOR
NAME:	MARK S COSBY				
TITLE:	PRESIDENT				
ADDRESS:	ONE CVS DRIVE				
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895				

		<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	CAROL A DENALE				
TITLE:	VP/T				
ADDRESS:	ONE CVS DRIVE				
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	THOMAS S MOFFATT				
TITLE:	VP/SECRETARY				
ADDRESS:	ONE CVS DRIVE				
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	JEFFREY E CLARK				
TITLE:	ASST TREASURER				
ADDRESS:	ONE CVS DRIVE				
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895				

		<input checked="" type="checkbox"/>	OFFICER	<input type="checkbox"/>	DIRECTOR
NAME:	MELANIE K LUKER				
TITLE:	ASST SECRETARY				
ADDRESS:	ONE CVS DRIVE				
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895				

		<input type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
NAME:	LAIRD K DANIELS				
TITLE:	DIRECTOR				
ADDRESS:	ONE CVS DRIVE				
CITY/ST/ZIP/CO:	WOONSOCKET, RI 02895				

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/ MELANIE K LUKER</u>	<u>MELANIE K LUKER, ASST</u>	<u>12/19/2014</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.