

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000019490

Entity Name: HOLIDAY CVS, L.L.C.

Current Principal Place of Business:

1 CVS DRIVE
WOONSOCKET, RI 02895

Current Mailing Address:

1 CVS DRIVE
WOONSOCKET, RI 02895 US

FEI Number: 03-0394176

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER
Name CVS PHARMACY, INC.
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title SECRETARY
Name ST ANGELO, MELANIE K
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title PRESIDENT
Name MOFFATT, THOMAS S
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title OTHER, SENIOR VICE PRESIDENT AND TREASURER
Name DENALE, CAROL A.
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASST. TREASURER
Name COLE, JOSHUA C.
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASST. TREASURER
Name BEAULIEU, SHEELAGH M.
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASST. SECRETARY
Name DESOUSA, KIMBERLEY M.
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELANIE ST ANGELO

SECRETARY

02/14/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date