

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P17113

Entity Name: T2 MEDICAL, INC.

Current Principal Place of Business:

1 CVS DRIVE
WOONSOCKET, RI 02895

Current Mailing Address:

1 CVS DRIVE
WOONSOCKET, RI 02895 US

FEI Number: 59-2405366

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O 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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR, TREASURER
Name LACAVICH, TRICIA
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

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

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

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

Title ASSISTANT SECRETARY
Name CIMBRON, LINDA M
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT TREASURER
Name BEAULIEU, SHEELAGH M
Address 200 HIGHLAND CORPORATE DRIVE
City-State-Zip: CUMBERLAND RI 02864

Title VP
Name CRAIG, WEINERT S.
Address 1 CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title VP
Name GALLO, JOSEPH E.
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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELANIE K. ST ANGELO

ASSISTANT SECRETARY 04/24/2023

Electronic Signature of Signing Officer/Director Detail

Date