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OPLC-FINANCE
Check payable to
Treasurer, State of New
Hampshire

STATE OF NEW HAMPSHIRE
BOARD OF PHARMACY
7 Eagle Square, Suite 300
Concord, NH 03301
(603) 271-2350 Fax: (603) 271-2856
www.oplc.nh.gov/pharmacy

Amount 250.00
Check 7516327

*Not allocated
Need to add fee -*

APPLICATION FOR PERMIT TO CONDUCT A PHARMACY IN NEW HAMPSHIRE

Type of Application:

New Pharmacy / Original Application - \$500
Estimated Date of Opening: _____

Change of Pharmacy Name - \$250.
Effective Date of Change: _____

Change of Location - \$250.
Estimated Date of Move: _____

Change of Ownership - \$250.
Estimated Date of Change: _____

Change of Pharmacist-In-Charge - \$250.
Effective Date of PIC Change: 10/15/2022 Name of Former PIC: Kristie Brown

PHARMACY INFORMATION

Name of Pharmacy: Rite Aid #10284 Lic # 0715

Street Address of Pharmacy: 354 Winchester St

City/Town: Keene State: NH Zip Code: 03431

Telephone Number: (603) 352-6969 Fax Number: (603) 352-7936 E-Mail Address (Must be entered to receive permit): ERICRCONTE@GMAIL.COM

DEA Number: BR4221913 Expiration Date: 06/30/2024

PHARMACIST-IN-CHARGE STATEMENT

I, Eric Conte Lic # Phcy-01261 of 98 Forest Rd
Designated Pharmacist Home Address (Not P.O. Box)

Greenfield NH 03047 do hereby agree to serve as
City/Town State Zip Code

pharmacist-in-charge at the above pharmacy. No discipline

TYPE OF PHARMACY

Ph B-1 (Revised 11/2020)

This application is for a permit to conduct a: (check one)

- Community Pharmacy ⇒ If community pharmacy, licensing Entire Store Area Pharmacy Dept. Only
- Hospital Pharmacy (For Profit) Home Infusion Pharmacy
- Other (Specify) _____

TYPE OF OWNERSHIP

(Check One)

- Sole Proprietorship Partnership Corporation LLC

(Check One)

- For Profit Non-Profit

- If **non-profit organization**, and **IRS tax exempt**, attach a copy of the 501(c)(3) exemption approval issued by the U.S. Internal Revenue Service for each applicable entity.
- In the case of non-501(c)(3) organizations, attach a disclosure listing of **any practitioner ownership** which is not exempt as a "passive investment acquired at open market terms". (practitioner means any person lawfully entitled to prescribe medicine, or such person's spouse or dependent children).

If a **sole proprietorship** list the name, official address, and occupation/business of owner:

N/A

If a **partnership**, list the name, official address, and occupation/business of each partner and the percentage of ownership held by each partner:

N/A

If any partner is a corporation, that partner shall **also** provide the information required of corporations below.

If a **corporation** (list the following):

Corporation name and date and state of incorporation:

Maxi Drug North, Incorporated in Delaware

If applicable, date of filing with the State of New Hampshire as a foreign corporation:
(attach copy of authorization issued by the NH Secretary of State)

Filed as a foreign Corporation with New Hampshire on 01/18/07

Address of principal place of business:

30 Hunter Lane

Camp Hill, PA 17011

CORPORATE INFORMATION (CONTINUED)

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- PAGE 2 OF 5 -

Name, address, & telephone number of **agent of record** in New Hampshire, for service of process:

CT Corporation System

9 Capital Street, Concord NH 03301

List each type, or class, of voting stock and the number of shares authorized and outstanding for each class:

3000 shares of Common stock authorized

2500 shares issued & outstanding to Mari Drug, Inc., A Delaware Corporation & wholly-owned subsidiary of Rite Aid Corporation, a publicly traded corporation

- Provide as a supplement to this application, the name, address, corporate title, occupation and percentage of stock held for all corporate officers/directors, and of all holders of 5% or more of each class of voting stock.
- If a listed shareholder is itself a corporation, provide the same for each such corporation.
- If a listed shareholder is a partnership, provide the information required under the partnership section on page 2 for each such partnership.
- Provide as a supplement to this application, the disclosure of the corporate structure, including parent company or companies.

LEGAL PROCEEDINGS/ACTIONS

To your knowledge, have there been or are there now pending any indictments of any nature or any alleged violations of the law governing the practice of pharmacy, controlled substances, or other regulated drugs against the corporation, members of the corporation or partnership, or any of the individuals named in this application?

Yes No (If yes, attach explanation)

To your knowledge, have any of the above individuals/entities been convicted of a local, state, or federal drug or pharmacy law?

Yes No (If yes, attach explanation)

To your knowledge, have any of the above individuals/entities been convicted of a felony within the past 10 years?

Yes No (If yes, attach explanation)

PHARMACY HOURS OF OPERATION

This pharmacy shall be open a total of 77 hours per week and available to provide professional services during the following time periods:

MON. 8am to 8pm TUES. 8am to 8pm WED. 8am to 8pm
 THUR. 8am to 8pm FRI. 8am to 8pm
 SAT. 9am to 6pm SUN. 9am to 5pm

*Note: There must be pharmacist coverage (as noted in next section) for all hours the pharmacy is open.

PHARMACISTS TO BE EMPLOYED AT PHARMACY
 (Including Owner/Manager, if A Licensed Pharmacist – Attach additional sheet if necessary)

PHARMACIST NAME	NH LICENSE #	HOURS/WEEK
Eric Conte	PHCY-01261	38.5
Fatlope Adeosun	PHCY-04505	38.5

PHARMACY TECHNICIANS TO BE EMPLOYED AT PHARMACY – Attach additional sheet if necessary

TECHNICIAN NAME	NH TECHNICIAN REG. #
Brianna Hoyland	CPHT-124536
Taya Kerwin	INT9953
Harley Smith	PhT-126810
Julia Biggins	PhT-127202

GENERAL PHARMACY INFORMATION/SPECIFICATIONS

What are the dimensions of that portion of the pharmacy devoted to the preparation of prescriptions?

730 sq. feet

Enter either total square footage or dimension (length x width)

Give a brief description of the pharmacy department. (Complete **only** if this is an original application for a new pharmacy **or** if changes have occurred to an existing pharmacy)

N/A

GENERAL PHARMACY INFORMATION/SPECIFICATIONS (Continued)

List persons (names & titles) who have security access to the pharmacy [according to Ph 303.02(m) and Ph 702.05(b)].

Eric Conte, RPh, PIC

Tittlepe Adeosun, RPh, Staff Pharmacist

PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT

As chief administrative officer of Maxi Drug North, Inc. I certify that

Eric Conte is designated by me as pharmacist-in-charge to operate this pharmacy in compliance with all federal, state, and local laws. I have read this application and all of the statements made on it are, to the best of my knowledge, true and correct. As the owner or corporate representative of this pharmacy, my signature below acknowledges my (the corporation's) responsibilities as the permit holder, including all of the corporate / permit holder duties and responsibilities noted in IJH RSA 318:38 and Ph 704.11(d).

[Signature] Vice President 10/20/22

Signature of Company / Corporate Representative Title Date

PHARMACIST-IN-CHARGE AFFIDAVIT

PHARMACIST-IN-CHARGE AFFIDAVIT

I swear and affirm that the answers and statements made on this application are true and correct to the best of my knowledge and belief, that this pharmacy has the required facilities and equipment and meets the conditions specified by the Board of Pharmacy, a copy of whose laws and rules I have read. I agree to replace promptly any item on the required equipment list which becomes lost, broken, or otherwise becomes unfit for use. I also agree to display the pharmacy permit in a conspicuous place in this pharmacy. I understand that this permit is issued to the pharmacy in the name of the corporation or the owner of the pharmacy. Upon my termination as pharmacist-in-charge this permit is not transferable; and upon any change in partnership composition; or upon the acquisition of the existing corporation by any person; or change in controlling interest in the corporation; or should the pharmacy be moved or closed or if the premises are damaged by fire or otherwise, this permit shall be immediately surrendered to the Board of Pharmacy.

I further agree to operate this pharmacy in accordance with all federal, state, and local pharmacy/drug laws and regulations.

[Signature] 10/15/22

Signature Date

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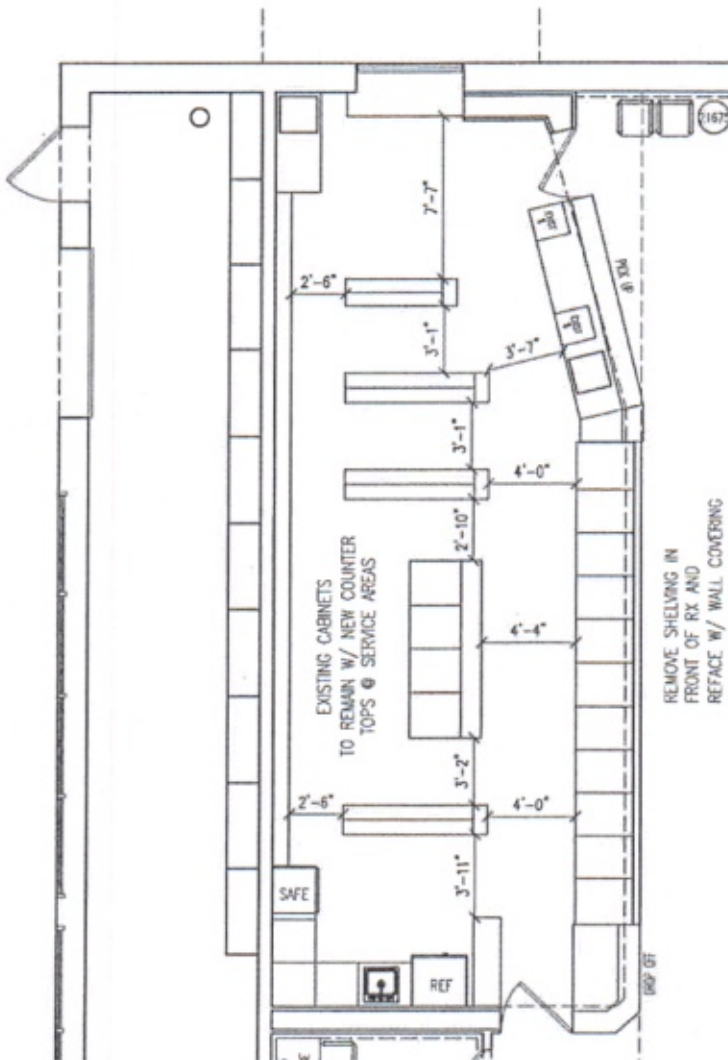
STORE PLANNING
DEPARTMENT
P.O. BOX 3165
HARRISBURG, PA 17105
(717) 761-2633

FRONT WORK COUNTER:	2'-6"
SIDE WORK COUNTER:	2'-6"
WORK COUNTER LENGTH:	38'-11"
WORK COUNTER SQ FT:	102
TOTAL COUNTER SQ FT:	174
BEHIND THE COUNTER	
WIDTH OF AISLE:	2'-6"
LENGTH OF AISLE:	40'-7"
PHARMACY SQ FT:	730

10284

354 WINCHESTER ST
KEENE, NH

DRAWN BY: AG DATE: 6/11/2015



SCALE: 1/8" = 1'-0"
(5 1/2" x 11" paper)

State of New Hampshire
Department of State

CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that MAXI DRUG NORTH, INC. is a Delaware Profit Corporation registered to transact business in New Hampshire on January 18, 2002. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 388889

Certificate Number: 0004833195



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed
the Seal of the State of New Hampshire,
this 9th day of March A.D. 2020.

A handwritten signature in cursive script, appearing to read "William M. Gardner".

William M. Gardner
Secretary of State

**Corporate Officers and Directors of
Maxi Drug North, Inc.
Incorporated in the State of Delaware on 12/28/2001
Federal ID# 050520884**

Susan Lowell, President

Office Address: Rite Aid Corporation, 200 Newberry Commons, Eters, PA 17319
Office Phone: 717-975-5744

Byron Purcell, Vice President & Treasurer

Office Address: Rite Aid Corporation, 200 Newberry Commons, Eters PA 17319
Office Phone: 717-975-5809

Owen McMahon, Vice President & Secretary

Office Address: Rite Aid Corporation, 30 Hunter Lane, Camp Hill, PA 17011
Office Phone: 717-214-2505

Andrew Palmer, Vice President & Asst Secretary

Office Address: Rite Aid Corporation, 30 Hunter Lane, Camp Hill, PA 17011
Office Phone: 717-730-8272



With us, it's personal.

Application for Permit to Conduct a Pharmacy in New Hampshire
Supplemental Information per page 3 of 5

No officers or directors of Maxi Drug North, Inc. hold any Maxi Drug North, Inc. Stock. 100% of Rite Aid of New Hampshire Inc stock is held by Rite Aid Corporation.

Rite Aid Corporation is a publicly traded company. No individual owns more than 5% of Rite Aid Stock. Its principal place of business is:

Rite Aid Corporation
30 Hunter Lane
Camp Hill, PA 17011

The following chart discloses the legal structure of Maxi Drug North, Inc.:

**Rite Aid Corporation Legal Ownership
Structure of Maxi Drug North, Inc.**

