

Make Check Payable to:
Treasurer, State of New
Hampshire

RECEIVED STATE OF NEW HAMPSHIRE
BOARD OF PHARMACY
OCT 24 2022 Eagle Square, Suite 300
Concord, NH 03301
OPLC-FINANCE (603) 271-3350 Fax: (603) 271-2856
www.oplc.nh.gov/pharmacy

Amount 250.00
Check 7516326

APPLICATION FOR PERMIT TO CONDUCT A PHARMACY IN NEW HAMPSHIRE

Fee not allocated
need to add fee

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: 10/20/2022 Name of Former PIC: Chris Beavers

PHARMACY INFORMATION		
Name of Pharmacy Rite Aid #10270		Lic # 0701
Street Address of Pharmacy 331 Main St		
City/Town Nashua	State NH	Zip Code 03060
Telephone Number (603) 886-9210	Fax Number (603) 886-1442	E-Mail Address (Must be entered to receive permit) nfrimpong@umass.edu
DEA Number BR7592632	Expiration Date 06/30/2024	

PHARMACIST-IN-CHARGE STATEMENT		
I, <u>Nana Frimpong</u>		<u>Lic Phcy - 01290</u>
Designated Pharmacist		of <u>42 Wellman St Apt 417</u> Home Address (No P.O. Box)
<u>Lowell</u> City/Town	<u>MA</u> State	<u>01851</u> Zip Code
do hereby agree to serve as pharmacist-in-charge at the above pharmacy.		
<u>no discipline</u>		

TYPE OF PHARMACY

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 NH on 1/18/02

Address of principal place of business:

30 Hunter Lane

Camp Hill, PA 17011

CORPORATE INFORMATION (CONTINUED)

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

CT Corporation System

9 Capital St, 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 Maxi Drug Inc.
A Delaware corporation & wholly-owned subsidiary of Pite 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 83 hours per week and available to provide professional services during the following time periods:

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

*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
Nana Frimpong	PHCY-01290	41.5
Lisa Gray	PHCY-01258	41.5

PHARMACY TECHNICIANS TO BE EMPLOYED AT PHARMACY – Attach additional sheet if necessary	
TECHNICIAN NAME	NH TECHNICIAN REG. #
Keegan Fitzgerald	CPHT-123863
Brandon Gadbois	PhT-127701
Stephanie Nunez Camilo	PhT-126054
Allison Brooks	PhT-127371
Vadim Ayetkulov	PhT-127575
Samantha Petrillo	CPHT-127924
William Lee Ryan	PhT-127483
Brendan Plumley	PhT-127841

GENERAL PHARMACY INFORMATION/SPECIFICATIONS
What are the dimensions of that portion of the pharmacy devoted to the preparation of prescriptions? <u>860 sq. feet</u> 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 <u>new</u> pharmacy or if changes have occurred to an existing pharmacy) <u>N/A</u>
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)].

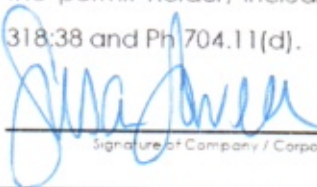
Nana Frimpong (PIC)

Lisa Gray (Staff pharmacist)

PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT

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

Nana Frimpong 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 NH RSA 318:38 and Ph 704.11(d).



Signature of Company / Corporate Representative

Title

10/18/22

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

10/12/2023

Date

RECEIVED
OCT 26 2022

BY: _____

**RITE
AID**

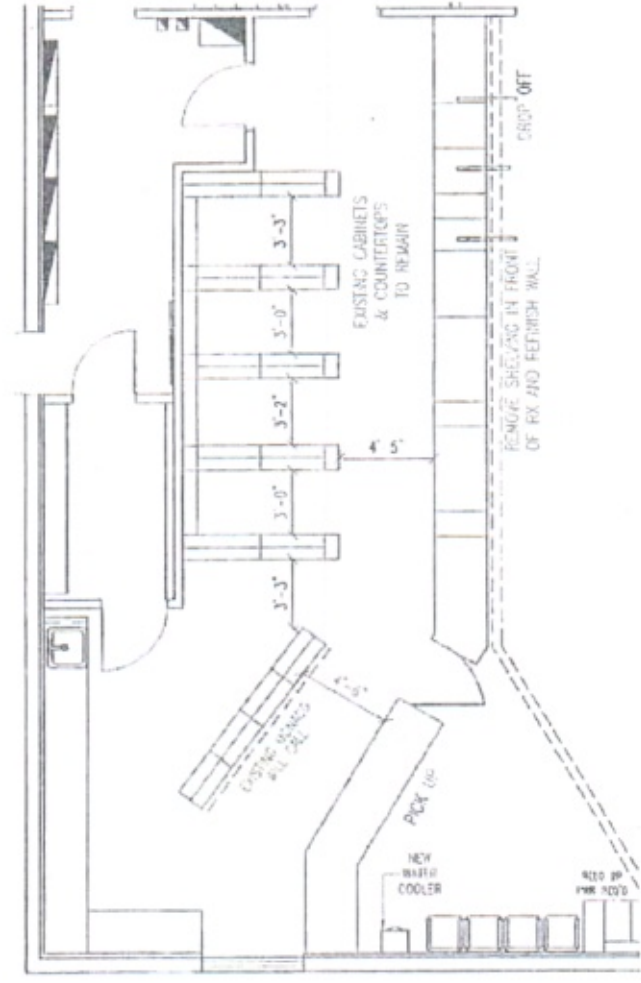
STORE PLANNING
DEPARTMENT
P.O. BOX 3165
HARRISBURG, PA 17105
(717) 761-2633

FRONT WORK COUNTER:	2'-4"
SIDE WORK COUNTER:	2'-4"
WORK COUNTER LENGTH:	47'-4"
WORK COUNTER SQ. FT.:	125
TOTAL COUNTER SQ. FT.:	177
BEHIND THE COUNTER	
WIDTH OF AISLE:	4'-5"
LENGTH OF AISLE:	43'-11"
PHARMACY SQ. FT.:	860

10270

331 WEST MAIN ST.
NASHUA NH

DATE: 9/19/14



SCALE: 1/8" = 1'-0"
(6 1/2" x 11" paper)

RECEIVED
MAY 11 1961

BY: _____

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



With us, it's personal.

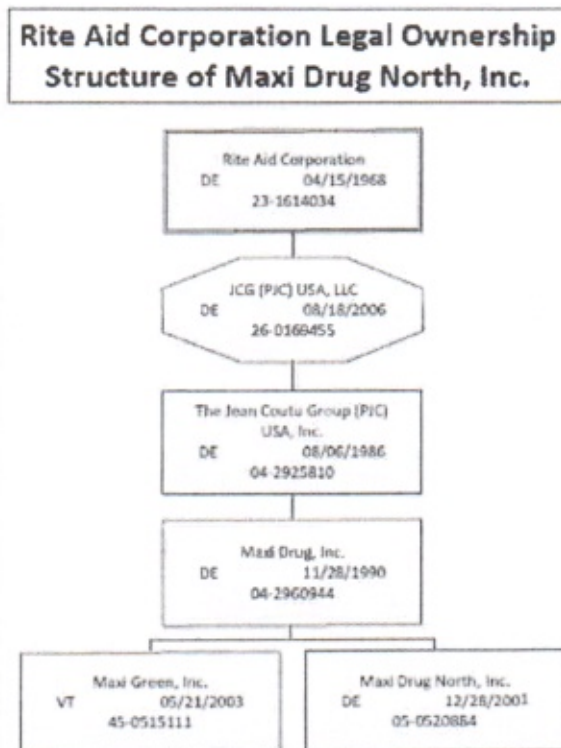
Application for Permit to Conduct a Pharmacy in New Hampshire
Supplemental Information per page 3 of 5

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.:



*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