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Hampshire

RECEIVED 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  
OPLC-FINANCE

Amount 250.00  
Check 7508310

APPLICATION FOR PERMIT TO CONDUCT A PHARMACY IN NEW HAMPSHIRE

Type of Application:

New Pharmacy / Original Application - \$500.       Change of Pharmacy Name - \$250.  
Estimated Date of Opening: \_\_\_\_\_      Effective Date of Change: \_\_\_\_\_

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

Change of Pharmacist-In-Charge - \$250.  
Effective Date of PIC Change: 9/9/22      Name of Former PIC: Vu Dinh

PHARMACY INFORMATION

Name of Pharmacy <b>Rite Aid #10280</b> <b>Lic 0711</b>		
Street Address of Pharmacy <b>288 Union St</b>		
City/Town <b>Laconia</b>	State <b>NH</b>	Zip Code <b>03246</b>
Telephone Number <b>603-528-1700</b>	Fax Number <b>603-528-5-61</b>	E-Mail Address (Must be entered to receive permit) <b>keayk@husson.edu</b>
DEA Number <b>BR7592721</b>		Expiration Date <b>06-30-2024</b>

PHARMACIST-IN-CHARGE STATEMENT

I, **Kayla Keay**      **Lic # Phcy-01307**      of **26 Follett Road**  
Designated Pharmacist      Home Address (Not P.O. Box)

**Center Harbor**      **NH**      **03226**      do hereby agree to serve as  
City/Town      State      Zip Code

pharmacist-in-charge at the above pharmacy.      **NO DISC-**

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, Inc., 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 1/18/2002

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 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 Maxi Drug, Inc, A Delaware Corporation  
wholly owned subsidiary of Pitetaid 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 85 hours per week and available to provide professional services during the following time periods:

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

\*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
Kayla Keay	PHCY-01307	43
Sakinah Rahim	PHCY-01165	42

PHARMACY TECHNICIANS TO BE EMPLOYED AT PHARMACY – Attach additional sheet if necessary	
TECHNICIAN NAME	NH TECHNICIAN REG. #
Jahir Herrera	PHT-127132
Tanya Woodtke	PHT-127825
Amber Melanson	PHT-124472
Kristen Elliot	CPhT-124865

GENERAL PHARMACY INFORMATION/SPECIFICATIONS
What are the dimensions of that portion of the pharmacy devoted to the preparation of prescriptions? <u>643 sq. feet</u> Enter either total square footage or dimension (length x width)
Give a brief description of the pharmacy department. (Complete <b>only</b> if this is an original application for a <u>new</u> pharmacy <b>or</b> 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)].

Kayla Keay RPh

Sakinah Rahim RPh

### PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT

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

Kayla Keay is designated by me as pharmacist-in-charge to operate  
Name of Pharmacist  
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

Vice President  
Title

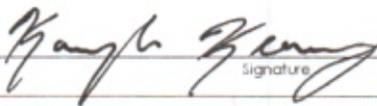
9/8/22  
Date

### PHARMACIST-IN-CHARGE AFFIDAVIT

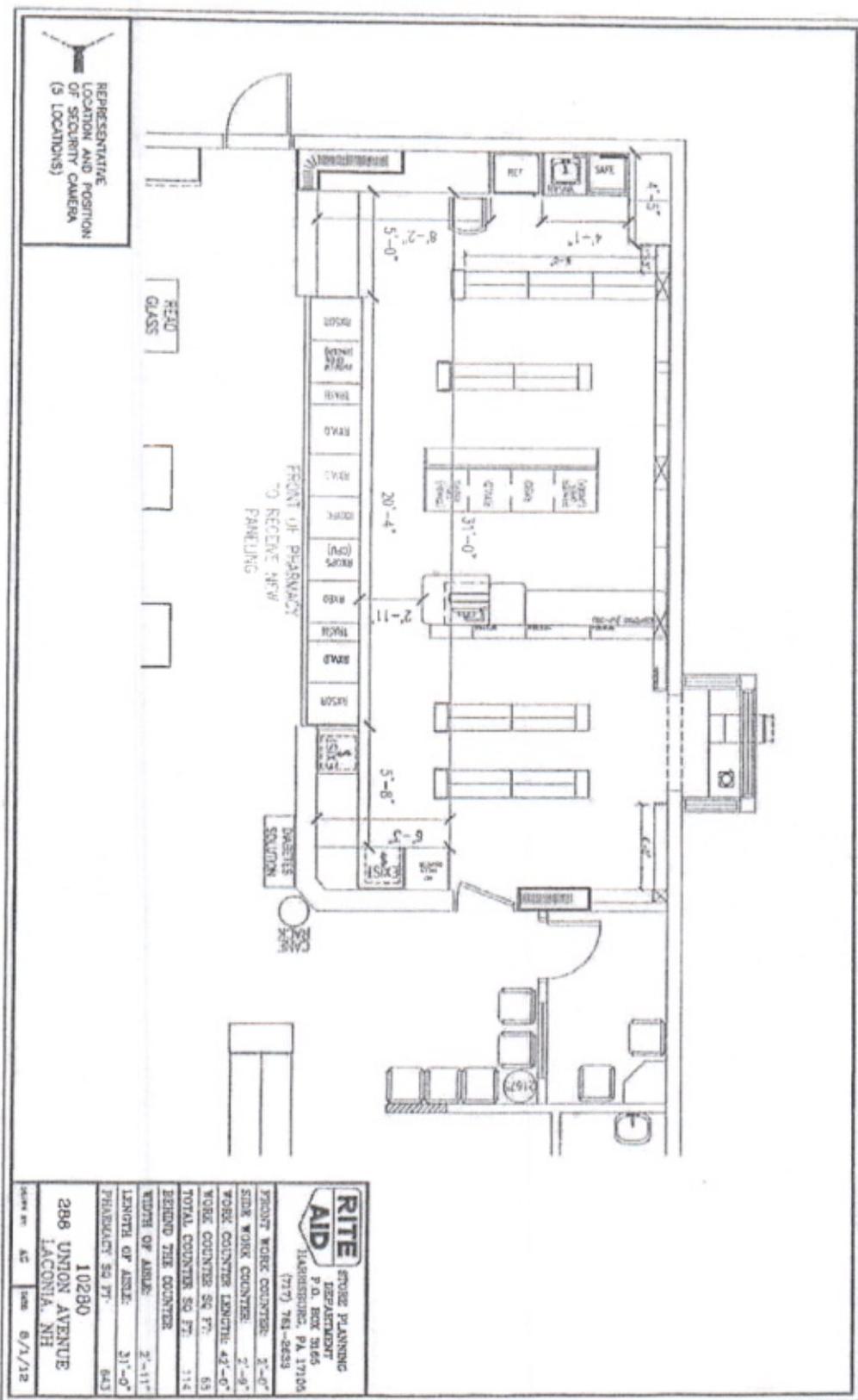
#### PHARMACIST-IN-CHARGE AFFIDAVIT

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

9/13/22  
Date



REPRESENTATIVE  
LOCATION AND POSITION  
OF SECURITY CAMERA  
(3 LOCATIONS)

<b>RITE</b>	
STORE PLANNING	
DEPARTMENT	
7701 BOX 3165	
HARRISBURG, PA 17105	
(717) 781-0825	
FRONT WORK COUNTER:	2'-0"
SIDE WORK COUNTER:	2'-0"
WORK COUNTER LENGTH:	42'-0"
WORK COUNTER SQ FT:	84
TOTAL COUNTER SQ FT:	114
BEHIND THE COUNTER:	
WIDTH OF AISLE:	2'-11"
LENGTH OF AISLE:	21'-0"
FRAMERWORK SQ FT:	643
288 UNION AVENUE	
LACONIA, NH	
DATE:	8/1/12

**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

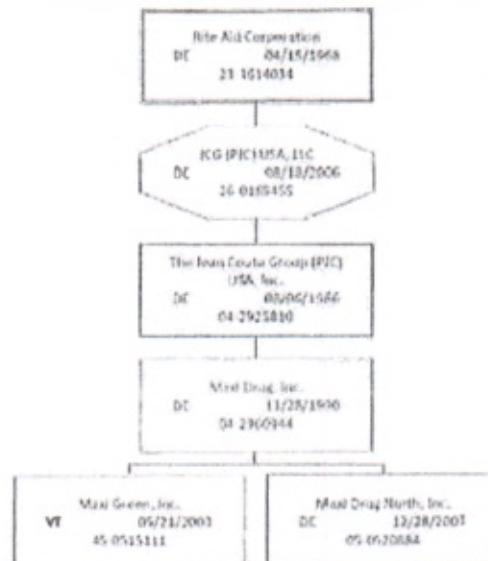
No officers or directors of Maxi Drug North, Inc. hold any Maxi Drug North, Inc. Stock. 100% of Rite Aid of New Hampshire Inc stock is held by Rite Aid Corporation.

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.:

**Rite Aid Corporation Legal Ownership  
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*

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**Susan Lowell, President**

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

**Amanda Glover, Vice President & Secretary**

Office Address: Rite Aid Corporation, 30 Hunter Lane, Camp Hill, PA 17011  
Office Phone: 717-214-8828

**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**

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

**Andrew Palmer, Vice President**

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