



**RECEIVED**  
 SEP 16 2022  
 OPLC-FINANCE

**STATE OF NEW HAMPSHIRE  
 BOARD OF PHARMACY**

121 South Fruit Street  
 Concord, NH 03301-2412  
 Tel: (603) 271-2350 Fax: (603) 271-2856  
 Website: www.state.nh.us/pharmacy

**APPLICATION FEE:  
 \$250.00**

MAKE CHECK PAYABLE TO:  
 Treasurer, State of New Hampshire

Amount 9250-  
 Check # 50960842

**APPLICATION FOR PERMIT  
 TO CONDUCT A PHARMACY IN NEW HAMPSHIRE**

(Please Use Typewriter or Print Clearly In Ink)

**Type of Application:**

New Pharmacy / Original Application

Estimated Date of Opening: \_\_\_\_\_

Change of Pharmacy Name

Effective Date of Change: \_\_\_\_\_

Change of Location

Estimated Date of Move: \_\_\_\_\_

Change of Ownership

Estimated Date of Change: \_\_\_\_\_

Change of Pharmacist-In-Charge

Effective Date of PIC Change: 10/19/2022

Name of Former PIC: Cherie Mraz

**PHARMACY INFORMATION**

Name Of Pharmacy

CVS Manchester NH, L.L.C. dba CVS/pharmacy # 05938

license # 0660

Street Address Of Pharmacy

79 South Main Street

City/Town

State

Zip Code

Hanover

NH

03755

Telephone Number

Fax Number

E-Mail Address

603-643-3178

603-643-3691

StateReply@CVSCaremark.com

DEA Number

Expiration Date

BH8891702

12/31/2022

**PHARMACIST-IN-CHARGE STATEMENT**

I, Rachel Kemp

Designated Pharmacist

Phcy - 00994

, of 19 Spencer Street Apt. 305

Home Address (Not P.O. Box)

Lebanon

City/Town

NH

State

03766

Zip Code

do hereby agree to serve as

pharmacist-in-charge at the above pharmacy.

PASSED PIC 12/27/21  
no discipline

## 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) **CVS**  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:

**CVS Manchester NH, L.L.C.**

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)

Address of principal place of business:

**One CVS Drive**

**Woonsocket, RI 02895**

### CORPORATE INFORMATION (CONTINUED)

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

C T Corporation System

9 Capitol Street, Concord, NH, 03301

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

N/A

- 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
Rachel Kemp	PHCY-00996	41.5
Charlotte Laza Mbundu	3045	41.5

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

TECHNICIAN NAME	NH TECHNICIAN REG. #
Joshua Cushman	CPHT-124687
Pamela Ferraro	CPHT-127418
Kimberly Howe	PhT10036
Reagynne Howe	PhT-123168
Shiela Kennedy	PhT07167
Doris Kiess	PhT-122368
Carol Nutting	CPHT-124460
Misty Sombic	CPHT-128253

## GENERAL PHARMACY INFORMATION/SPECIFICATIONS

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

957 Sq. Ft 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]

NA

**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)].

Rachel Kemp

Charlotte Laza Mbundu

**PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT**

As chief administrative officer of CVS Manchester NH, L.L.C. I certify that  
Corporation/Partnership

Rachel Kemp 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).

Kimberley M. Nelson Asst. Secretary 9/14/22  
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.

X [Signature]  
Signature

10/19/2022  
Date

957 Sq Ft

DATE	0.20.14	BY	0.22
ISSUE NO.	1	DATE	0.22
NO.	1	DATE	0.22
NO.	1	DATE	0.22
NO.	1	DATE	0.22

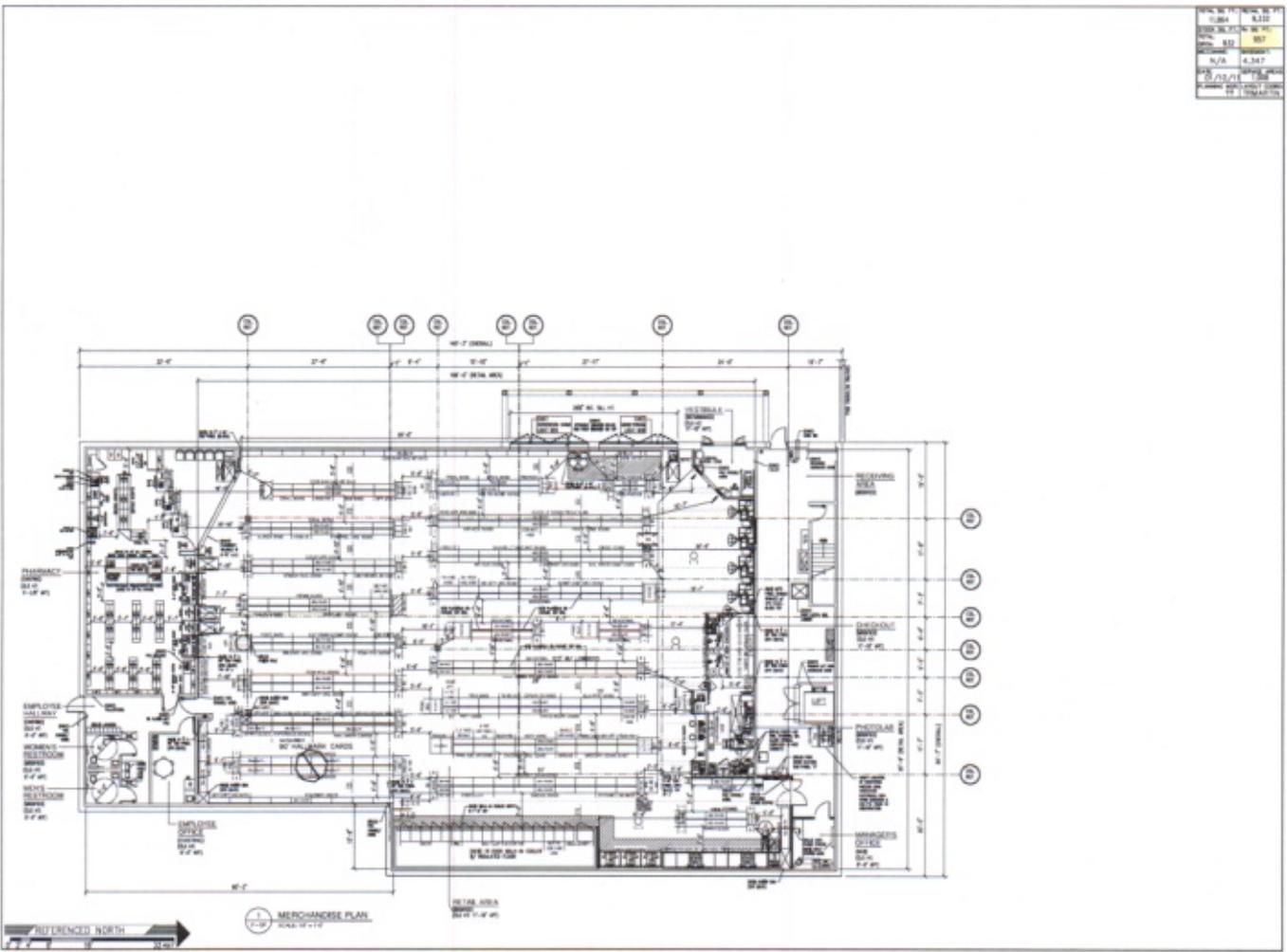


STORE NUMBER 5938  
 75 SOUTH WAB STREET  
 HANDELA, MO 63755  
 PROJECT TYPE  
 AREA TYPE  
 CS PROJECT NUMBER  
 CIP CODE NUMBER

SEAL:  
 CONSULTANT:

REVISIONS:  
 PROJECT MANAGER:  
 LAYOUT CODE:  
 PROJECT ARCHITECT:  
 PLANNING MOD:  
 DRAWING BY:  
 DATE:  
 DRAWING SCALE: AS NOTED  
 TITLE:

MERCHANDISE PLAN  
 SHEET NUMBER F-1P  
 COMMENTS:



MERCHANDISE PLAN  
 04/10/14

# State of New Hampshire

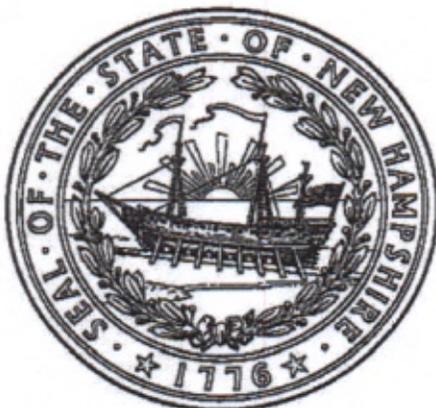
## Department of State

### CERTIFICATE

I, David M. Scanlan, Secretary of State of the State of New Hampshire, do hereby certify that CVS MANCHESTER NH, L.L.C. is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on December 21, 1998. 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: **304940**

Certificate Number: **0005848218**



IN TESTIMONY WHEREOF,  
I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 19th day of August A.D. 2022.

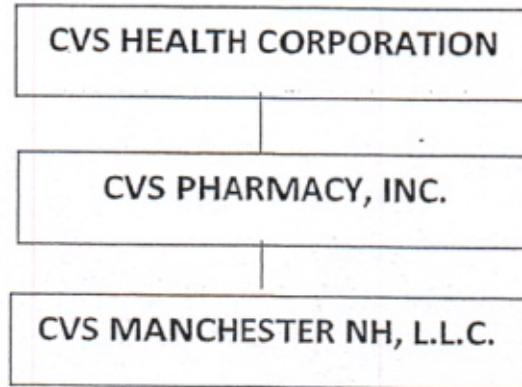
A handwritten signature in black ink, appearing to read "David M. Scanlan".

David M. Scanlan  
Secretary of State

ENTITY NAME: CVS Manchester NH, L.L.C.

Personnel Name	Management Title	Home Address	Business Address	Phone
Thomas S. Moffatt	President Senior Vice	29 Homestead Circle, Kingston, RI 02881	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Carol A. DeNale	President/Treasurer	75 Poplar St., Watertown, MA 02472	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Melanie K. St Angelo	Secretary	9 Coldbrook Drive, Cranston, RI 02920	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Joshua C. Cole	Assistant Treasurer	5 Meredith Way Fiskville, MA 01518	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Sheelagh M. Beaulieu	Assistant Treasurer	50 Washington Street, Fairhaven, MA 02719	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Linda M. Cimbron	Assistant Secretary	45 Bridge Street, Warren, RI 02885	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Kimberley M. DeSousa	Assistant Secretary	28 Larchwood Dr, Cumberland 02864	One CVS Drive, Woonsocket, RI 02895	401-765-1500

**CORPORATE STRUCTURE**  
**CVS MANCHESTER NH, L.L.C.**



Fee for Form LLC 1A: \$50.00  
Filing fee: \$35.00  
Total fees \$85.00

Form No. LLC 1  
RSA 304-C:12

Use black print or type.  
Leave 1" margins both sides.

FILED

DEC 21 1998

CERTIFICATE OF FORMATION  
NEW HAMPSHIRE LIMITED LIABILITY COMPANY WILLIAM M. GARDNER  
NEW HAMPSHIRE  
SECRETARY OF STATE

THE UNDERSIGNED, UNDER THE NEW HAMPSHIRE LIMITED LIABILITY COMPANY LAWS  
SUBMITS THE FOLLOWING CERTIFICATE OF FORMATION:

FIRST: The name of the limited liability company is \_\_\_\_\_  
CVS Manchester NH, L.L.C.

SECOND: The nature of the primary business or purposes are  
retail sales of drugs, health and beauty aids and any and all other lawful acts  
or activities permitted under the New Hampshire Limited Liability Company Act.

THIRD: The name of the limited liability company's registered agent is  
CT Corporation System  
and the street address, town/city (including zip code and post office box,  
if any) of its registered office is (agent's business address) \_\_\_\_\_  
9 Capitol Street, Concord, New Hampshire 03301

FOURTH: The latest date on which the limited liability company is to  
dissolve is NONE

FIFTH: The management of the limited liability company is not vested  
in a manager or managers.

Dated December 15, 1998

Signature of manager, or  
member if no manager: By: \_\_\_\_\_  
Print or Type Name: Diane Ouellette  
Title (manager or member): Secretary

NASHUA HOLLIS CVS, INC.  
Its Sole Member

FORM LLC 1-A  
ADDENDUM TO CERTIFICATE OF FORMATION  
STATEMENT PURSUANT TO NH RSA 421-B:11.11

LIMITED LIABILITY COMPANY NAME: CVS Manchester NH, L.L.C.

BUSINESS ADDRESS: 777 South Willow Street, Manchester, NH 03101

CONTACT PERSON: Melanie K. Luker TELEPHONE NUMBER: (401) 765-1500, Ext. 3565

CONTACT PERSON ADDRESS (IF DIFFERENT): c/o CVS Corporation, One CVS Drive,  
Woonsocket, Rhode Island 02895

I am (~~We/Us~~) aware that under the New Hampshire Uniform Securities Act, RSA 421-B:17,II(k) provides an exemption from securities registration if the aggregate number of holders of the company's securities<sup>#1</sup> does not exceed ten (10), provided that no advertising<sup>#2</sup> has been published or circulated in connection with any such securities sale<sup>#1</sup>, and all securities sales are consummated within 60 days after the date of formation of the company.

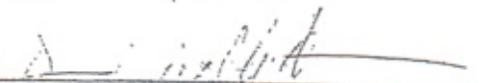
COMPLETE EITHER ITEM 1, 2, OR 3 BELOW:

- 1) If the company will be in compliance with RSA 421-B:17,II(k), the above statute, check this line:
- 2) If the company has registered or will register its securities (generally, membership interests) for sale in the State of New Hampshire, enter the date the registration statement was or will be filed with the Bureau of Securities Regulation: \_\_\_\_\_
- 3) If the company will offer its securities for sale in New Hampshire under an exemption from registration requirements and RSA 421-B:17,II(k) (see above) does not apply, cite the statutory exemption claimed for the sale of the company's securities: \_\_\_\_\_

(For assistance with questions relating to securities only, call the Bureau of Securities Regulation at (603) 271-1463. For all other questions, call the Corporation Division at (603)271-3244.

COMPLETE THIS CERTIFICATION - ORIGINAL MUST BE FILED

I (We) hereby certify that the membership interests of the company have been registered under RSA 421-B, the New Hampshire Uniform Securities Act ("the Act"); or, when offered will be registered under the Act; or are or when offered will be exempted from registration under the Act; or are or when offered will be offered in a transaction exempted from registration under the Act; or are not securities under the Act. I (We) certify that the person(s) signing this form includes all the limited liability company member(s) (unless individual member(s) or manager(s) have been authorized to execute this document), and that the foregoing is true and complete to the best of my (our) knowledge.

Name (print): NASHUA HOLLIS CVS, INC.  
Its Sole Member  
By: Diane Guellatte, Secretary Signature: 

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_

Name (print): \_\_\_\_\_ Signature: \_\_\_\_\_ <sup>#3</sup>

Date: December 15, 1996

#1 - Most new limited liability company formations legally involve a "sale" of "securities" (generally, membership interests) to the new members, even if there is no cash payment for such securities.

#2 - The term "advertising" used here applies to any written material distributed to sell securities, not product advertising.

#3 - Use additional sheet of paper if there are more than three signatures.