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complete

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

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

(Please Use Typewriter or Print Clearly In Ink)

Amount 250.00 Check
Check 50978392 Amount

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: 10/2/2022

Name of Former PIC: Bruce Wilson

PHARMACY INFORMATION

Name Of Pharmacy

CVS Manchester NH, L.L.C. dba CVS/pharmacy # 03063

Lic# 0753

Street Address Of Pharmacy

125 Dublin Road

City/Town

Peterborough

State

NH

Zip Code

03458

Telephone Number

(603) 924-6397

Fax Number

603 924 3768

E-Mail Address

StateReply@CVSCaremark.com

DEA Number

FC 1145 704

Expiration Date

12/31/22

PHARMACIST-IN-CHARGE STATEMENT

- Lic Phcy - 00829

I, Samantha Liebfried

Designated Pharmacist

of

140 Johnson Corner Road

Home Address (Not P.O. Box)

Lyndeborough

City/Town

NH

State

03082

Zip Code

do hereby agree to serve as

pharmacist-in-charge at the above pharmacy.

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) 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 76 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. 10am 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
Samantha Liebfried	PHCY-00829	38
Paul Todoro	PHCY-01358	38

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

TECHNICIAN NAME	NH TECHNICIAN REG. #
Debra Castelot	CPHT-124953
Franklin Concannon	PhT-127506
Kari-Ann Droppers	PhT-128186
James Fehn	PhT-127556
Elizabeth Holland	PhT-128147
Weylin Howard	CPHT-125794
Christina Hyvarinen	CPhT-03430
Shaunna Lizotte	CPHT-124942

GENERAL PHARMACY INFORMATION/SPECIFICATIONS

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

1,080 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)].

Samantha Liebfried

Paul Todoro

PHARMACY OWNER / CORPORATE REPRESENTATIVE AFFIDAVIT

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

Samantha Liebfried
Name of Pharmacist

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

Assistant Secretary
Title

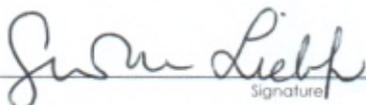
10/7/22
Date

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

10/2/2022
Date

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



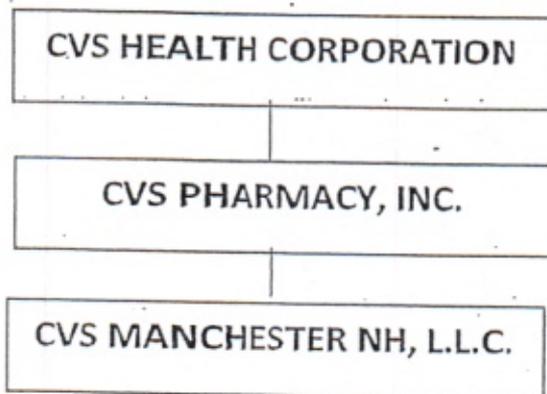
IN TESTIMONY WHEREOF,

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

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, 19 98

Signature of manager, or
member if no manager: By: NASHUA HOLLIS CVS, INC.
Its: Sole Member
Print or Type Name: Diane Ouellette
Title (manager or member): Secretary

FORM LLC 1-A
ADDENDUM TO CERTIFICATE OF FORMATION
STATEMENT PURSUANT TO NH RSA 421-B:11.II

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 (~~aware~~) 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*1 does not exceed ten (10), provided that no advertising*2 has been published or circulated in connection with any such securities sale*3, 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: X
- 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. Signature: [Signature]
 Its Sole Member
 By: Diane Ouellette, Secretary

Name (print): _____ Signature: _____

Name (print): _____ Signature: _____

Date: December 15, 1998

*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.

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

Personnel Name	Management Title	Home Address	Business Address	Phone
Thomas S. Moffatt	President	29 Homestead Circle, Kingston, RI 02881	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Carol A. DeNale	Senior Vice 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 5 Meredith Way	One CVS Drive, Woonsocket, RI 02895	401-765-1500
Joshua C. Cole	Assistant Treasurer	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