

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Massachusetts

Case number (if known): Chapter 11

Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

12/15

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, Instructions for Bankruptcy Forms for Non-Individuals, is available.

1. Debtor's name Hopkinton Drug, Inc.

2. All other names debtor used in the last 8 years. Include any assumed names, trade names and doing business as names.

3. Debtor's federal Employer Identification Number (EIN) 04 - 2703187

4. Debtor's address. Principal place of business: 52 Main Street, Hopkinton MA 01748. Mailing address, if different from principal place of business. Location of principal assets, if different from principal place of business.

5. Debtor's website (URL)

6. Type of debtor. [X] Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP)) [] Partnership (excluding LLP) [] Other. Specify:

Debtor Hopkinton Drug, Inc.
Name

Case number (if known) _____

7. Describe debtor's business

A. Check one:

- Health Care Business (as defined in 11 U.S.C. § 101(27A))
- Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- Railroad (as defined in 11 U.S.C. § 101(44))
- Stockbroker (as defined in 11 U.S.C. § 101(53A))
- Commodity Broker (as defined in 11 U.S.C. § 101(6))
- Clearing Bank (as defined in 11 U.S.C. § 781(3))
- None of the above

B. Check all that apply:

- Tax-exempt entity (as described in 26 U.S.C. § 501)
- Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. § 80a-3)
- Investment advisor (as defined in 15 U.S.C. § 80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.naics.com/search/>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?

Check one:

- Chapter 7
- Chapter 9
- Chapter 11. Check all that apply:

- Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,490,925 (amount subject to adjustment on 4/01/16 and every 3 years after that).
- The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- A plan is being filed with this petition.
- Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

Chapter 12

9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?

No

Yes. District _____ When _____ Case number _____
MM / DD / YYYY

District _____ When _____ Case number _____
MM / DD / YYYY

If more than 2 cases, attach a separate list.

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

No

Yes. Debtor _____ Relationship _____
District _____ When _____
Case number, if known _____ MM / DD / YYYY

List all cases. If more than 1, attach a separate list.

Debtor Hopkinton Drug, Inc.
Name

Case number (if known) _____

11. Why is the case filed in this district?

Check all that apply:

- Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?

- No
- Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.
What is the hazard? _____
- It needs to be physically secured or protected from the weather.
- It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).
- Other _____

Where is the property? _____

Number Street

City State ZIP Code

Is the property insured?

- No
- Yes. Insurance agency _____
Contact name _____
Phone _____

Statistical and administrative information

13. Debtor's estimation of available funds

Check one:

- Funds will be available for distribution to unsecured creditors.
- After any administrative expenses are paid, no funds will be available for distribution to unsecured creditors.

14. Estimated number of creditors

- 1-49
- 50-99
- 100-199
- 200-999
- 1,000-5,000
- 5,001-10,000
- 10,001-25,000
- 25,001-50,000
- 50,001-100,000
- More than 100,000

15. Estimated assets

- \$0-\$50,000
- \$50,001-\$100,000
- \$100,001-\$500,000
- \$500,001-\$1 million
- \$1,000,001-\$10 million
- \$10,000,001-\$50 million
- \$50,000,001-\$100 million
- \$100,000,001-\$500 million
- \$500,000,001-\$1 billion
- \$1,000,000,001-\$10 billion
- \$10,000,000,001-\$50 billion
- More than \$50 billion

Debtor Hopkinton Drug, Inc. Case number (if known) _____
Name

16. Estimated liabilities
- | | | |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000 | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion |
| <input type="checkbox"/> \$50,001-\$100,000 | <input type="checkbox"/> \$10,000,001-\$50 million | <input type="checkbox"/> \$1,000,000,001-\$10 billion |
| <input type="checkbox"/> \$100,001-\$500,000 | <input type="checkbox"/> \$50,000,001-\$100 million | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million | <input type="checkbox"/> More than \$50 billion |

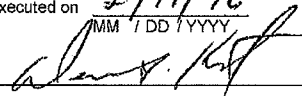
Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

17. Declaration and signature of authorized representative of debtor
- The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.
 - I have been authorized to file this petition on behalf of the debtor.
 - I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

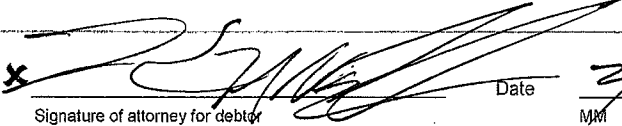
Executed on 2/11/16
MM / DD / YYYY


 Signature of authorized representative of debtor

Title President

Dennis Katz
 Printed name

18. Signature of attorney

 Date 2/16/16
MM / DD / YYYY

Signature of attorney for debtor

David M. Nickless, Esq.
 Printed name

Nickless, Phillips and O'Connor
 Firm name

625 Main Street
 Number Street

Fitchburg MA 01420
 City State ZIP Code

(978) 342-4590 dnickless@NPOlegal.com
 Contact phone Email address

371920 MA
 Bar number State

Fill in this information to identify the case:

Debtor name Hopkinton Drug, Inc.
 United States Bankruptcy Court for the: Massachusetts
 Case number (if known): _____

Check if this is an amended filing

Official Form 204

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an *insider*, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
1	Caremark 750 W. John Carpenter Fwy Ste 1200 Irving, TX75039			Disputed			\$890,000.00
2	Burns & Levinson LLP 125 Summer Street Boston, MA02110	(617) 345-3000	Legal Services				\$80,999.45
3	Bank of America PO Box 15731 Wilmington, DE19886-5731		Vendor				\$34,623.27
4	Beth Graubar c/o Kenneth Reisman, Essq. 997 Chestnut Street Newton, MA02464		Lawsuit for unpaid overtime	Disputed			\$27,000.00
5	Emerson Ecologics Inc. 1230 Elm Street, Ste 301 Manchester, NH03101		Vendor				\$3,736.00
6	Champlain Chocolate Co. 750 Pine Street Burlington, VT05401		Vendor				\$2,880.00
7	GeoCentral Inc. 6049 Hi Tek Court Mason, OH45040		Vendor				\$2,678.00
8	Medisca, Inc. PO Box 2592 Plattsburgh, NY12901		Vendor				\$2,023.00

Debtor Hopkinton Drug, Inc.
Name

Case number (if known) _____

	Name of creditor and complete mailing address, including zip code	Name, telephone number, and email address of creditor contact	Nature of the claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of unsecured claim		
					Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
9	Masters Pharmaceutical PO Box 713769 Cincinnati, OH45271-3769		Vendor				\$1,920.00
10	HD Smith PO Box 13435 Newark, NJ07188-0435		Vendor				\$1,100.00
11	Klutz PO Box 416851 Boston, MA02241-6851		Vendor				\$893.00
12	Center Line Optic PO Box 994 Lyme, CT06371		Vendor				\$757.00
13	Cold Chain Technologies PO Box 983103 Boston, MA02298-3103		Vendor				\$720.00
14	Douglas Company, Inc. Box D 69 Krif Road Keene, NH03431-0716		Vendor				\$713.00
15							
16							
17							
18							
19							
20							

Fill in this information to identify the case and this filing:

Debtor Name Hopkinton Drug, Inc.
United States Bankruptcy Court for the: Massachusetts
Case number (if known): _____

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

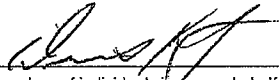
I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets—Real and Personal Property (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)
- Schedule H: Codebtors (Official Form 206H)
- A Summary of Assets and Liabilities for Non-Individuals (Official Form 206—Summary)
- Amended Schedule _____
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 2/11/16
MM / DD / YYYY

x 
Signature of individual signing on behalf of debtor

Dennis Katz
Printed name

President
Position or relationship to debtor

UNITED STATES BANKRUPTCY COURT
Massachusetts

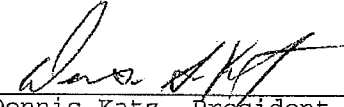
In re: Hopkinton Drug, Inc.
_____ Debtors

Case No. _____
Chapter 11

VERIFICATION OF CREDITOR MATRIX

The above named debtor(s), or debtor's attorney if applicable, do hereby certify under penalty of perjury that the attached Master Mailing List of creditors is complete, correct and consistent with the debtor's schedules pursuant to Local Bankruptcy Rules and I/we assume all responsibility for errors and omissions.

Dated: 2/11/16

Signed: 
Dennis Katz, President

Dated: _____

Signed: _____

Signed: 

David M. Nickless, Esq.
Attorney for Debtor(s)
Bar no.: 371920
625 Main Street
Fitchburg, Massachusetts 01420
Telephone No: (978) 342-4590
Fax No: (978) 343-6383

E-mail address:
dnickless@NPOlegal.com

Bank of America
PO Box 15731
Wilmington, DE 19886-5731

Beth Graubart
c/o Kenneth Reisman, Essq.
997 Chestnut Street
Newton, MA 02464

Burns & Levinson LLP
125 Summer Street
Boston, MA 02110

Caremark
750 W. John Carpenter Fwy
Ste 1200
Irving, TX 75039

Center Line Optic
PO Box 994
Lyme, CT 06371

Champlain Chocolate Co.
750 Pine Street
Burlington, VT 05401

Cold Chain Technologies
PO Box 983103
Boston, MA 02298-3103

CVS Health Corporation
One CVS Drive
Woonsocket, RI 02895

Douglas Company, Inc.
Box D
69 Krif Road
Keene, NH 03431-0716

Emerson Ecologics Inc.
1230 Elm Street, Ste 301
Manchester, NH 03101

GeoCentral Inc.
6049 Hi Tek Court
Mason, OH 45040

HD Smith
PO Box 13435
Newark, NJ 07188-0435

Internal Revenue Service
Special Procedures Staff, PO Box 9112
Boston, MA 02203

Internal Revenue Service
PO Box 7346
Philadelphia, PA 19101-7346

John F. Zabriskie, Esq.
Foley & Lardner LLP
321 North Clark Street
Chicago, IL 60654-5313

Klutz
PO Box 416851
Boston, MA 02241-6851

MA Dept. of Revenue
Bankruptcy Unit, PO Box 9564
Boston, MA 02114-9564

Masters Pharmaceutical
PO Box 713769
Cincinnati, OH 45271-3769

McKesson Corporation
One Post Street
San Francisco, CA 94104

Medisca, Inc.
PO Box 2592
Plattsburgh, NY 12901

OFFICIAL LOCAL FORM 7

**UNITED STATES BANKRUPTCY COURT
DISTRICT OF MASSACHUSETTS**

In re
Hopkinton Drug, Inc.

Case No.
Chapter 11

Debtor

DECLARATION RE: ELECTRONIC FILING

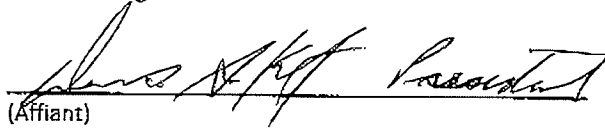
PART I - DECLARATION

I[We] Dennis S. Katz
Hopkinton Drug, Inc. and _____

_____, hereby declare(s) under penalty of perjury that all of the information contained in my Petition, schedules and statements (singly or jointly the "Document"), filed electronically, is true and correct. I understand that this DECLARATION is to be filed with the Clerk of Court electronically concurrently with the electronic filing of the Document. I understand that failure to file this DECLARATION may cause the Document to be struck and any request contained or relying thereon to be denied, without further notice.

I further understand that, pursuant to the Massachusetts Electronic Filing Local Rule (MEFR) 7(b), all paper documents containing original signatures executed under the penalties of perjury and filed electronically with the Court are the property of the bankruptcy estate and shall be maintained by the authorized CM/ECF Registered User for a period of five (5) years after the closing of this case.

Dated: 2/11/16


(Affiant)

(Joint Affiant)

PART II - DECLARATION OF ATTORNEY (IF AFFIANT IS REPRESENTED BY COUNSEL)

I certify that the affiant(s) signed this form before I submitted the Document, I gave the affiant(s) a copy of the Document and this DECLARATION, and I have followed all other electronic filing requirements currently established by local rule and standing order. This DECLARATION is based on all information of which I have knowledge and my signature below constitutes my certification of the foregoing under Fed. R. Bankr. P. 9011. I have reviewed and will comply with the provisions of MEFR 7.

Dated: 2/16/16

Signed: 
(Attorney for Affiant - /s/used by Registered ECF Users Only)