RI SOS Filing Number: 202208266800 Date: 1/19/2022 4:00:00 PM

State of Rhode Isla Department of	and and Providence	Plantations	-	<u>س</u> م			
Annual Report for th Corporation	of State - Busin	ness Services	s Division	JAN 1	' 9 20 <u>2</u> 2 ₂		
→ Filing period: January → Filing Fee: \$50.00 → Penalty: Additional \$25		not filed by April 1		BY	122	$\frac{2}{2}$ nS	
Entity ID Number		me of the Corporati			<u></u>		
60423		C. Calenda, N					
3. Principal Office Address			City				
404 Tollgate Road			Warwick		State	Zip	
4. NAICS Code	S Code 6. Brief description of the charge				RI	02886	
5. State of Incorporation	Ophthalmo	6. Brief description of the character of business conducted in Rhode Island Ophthalmology practice and optical shop					
Rhode Island							
7. List ALL officers (names an President Name	nd addresses)			Chec	L the how to		
President Name Charles C. Ca	alenda, M.D.		Vice-Preside	ent Name	Colorada M	indicate an attachment	
Street Address 404 Tollgate Re	Street Address 404 Tollgate Road			Vice-President Name Charles C. Calenda, M.D. Street Address 404 Tollgate Road			
City Warwick Secretary Name	State RI	^{Zip} 02886	City Warwio	ck	State RI	Zip 02886	
Secretary Name Charles C. Calenda, M.D. Street Address			Treasurer Na	^{arne} Charles C. Calen	ida, M.D.		
404 Toligate Ro	oad ———————		Street Addres	ss 404 Toligate Road			
^{City} Warwick	State RI	^{Zip} 02886	City Warwic	City Warwick		State RI Zip 02886	
8. List ALL directors (names a	ind addresses)					J	
nector warme			Director Nam	ne Silve	LIIO DOX IO	indicate an attachment	
Street Address			Street Addres	<u> </u>			
City	Tours -			N)			
	State	Zip	City	City		Zıp	
Pirector Name	rector Name		Director Nam	Director Name			
Street Address							
			Street Address	is			
City	State	Zip	City	City		Zip	
. Shares Authorized		10. Shares iss			State	_	
his information is currently of repartment of State.	is information is currently of record in the		NUMBER OF SHARES CLASS/SERIES			ndicate an attachment 🗀	
hanges require an additional filing.		100		Common		No Par	
4 71							
1. This report must be execute ustee, this report must be executed index penalty of perjury. I de	eclare and affirm the	orporation by an a	iuthorized repres the receiver or tr	sentative. If the corporuștee.	ration is in t	the hands of a receiver or	
inder penalty of perjury, I de tatements, and that all state	ments contained t	at i nave examine terein are true an	∃d this report, II d correct	ncluding any accom	panying so	chedules and	
ame of Authorized Representation of Authorize	ative				Date	120	
ignature of Authorized Repres	jentative	CRON DIV	ON STREET		1/10	100	
All TO:			<u> </u>	<u> </u>			

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.n.gov