



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2008

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 20550		2. Name of Corporation JOSEPH F. OSMANSKI, O.D., INC.			
3. Street Address Principal Business Office 1971 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
4. Business Phone No. 401-232-0941		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island AUTHORIZED TO PRACTICE OPTOMETRY IN RHODE ISLAND.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph F. Osmanski, O.D.		Vice President Name Joan M. Osmanski			
Street Address 9 Chestnut Hill Road		Street Address 9 Chestnut Hill Road			
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Secretary Name Joseph F. Osmanski, O.D.		Treasurer Name Joseph F. Osmanski, O.D.			
Street Address 9 Chestnut Hill Road		Street Address 9 Chestnut Hill Road			
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph F. Osmanski, O.D.		Director Name n/a			
Street Address 9 Chestnut Hill Road		Street Address n/a			
City Glocester	State RI	Zip 02814	City n/a	State n/a	Zip n/a
Director Name n/a		Director Name n/a			
Street Address n/a		Street Address n/a			
City n/a	State n/a	Zip n/a	City n/a	State n/a	Zip n/a
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000	Comm No Par Value		200	Common Stock	No Par Value
			THIS SECTION MUST BE COMPLETED		

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

FILED
FEB 25 2008
By *[Signature]*
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature *[Signature]* Date *1/25/03*
Print or Type
Dr. Joseph F. Osmanski
1971 Mineral Spring Ave
N Providence, RI 02904
Title
Rev. 12/06