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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.	2. Name of Corporation			
164649	Blackstone Valley Eye Care, P.C.			
3. Street Address Principal Business Office		City	State	Zip
68 Cumberland Street, Suite 205		Woonsocket	RI	02895
4. Business Phone No.	5. State of Incorporation			
401-762-4473	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
Optometry practice that provides eye examinations and prescription corrective lenses.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
Jeffrey S. Kenyon			N/A		
Street Address			Street Address		
17 Tanager Road					
City	State	Zip	City	State	Zip
Seekonk	MA	02771			
Secretary Name			Treasurer Name		
Jeffrey S. Kenyon			Jeffrey S. Kenyon		
Street Address			Street Address		
17 Tanager Road			17 Tanager Road		
City	State	Zip	City	State	Zip
Seekonk	MA	02771	Seekonk	MA	02771

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
Jeffrey S. Kenyon					
Street Address			Street Address		
17 Tanager Road					
City	State	Zip	City	State	Zip
Seekonk	MA	02771			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED *("X" BOX FOR ATTACHMENT)* ☐ **10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
200,000.00	STK	$0.01	200,000.00	STK	$0.01

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.

[redacted] [redacted]

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 *Date* 2/14/08

Jeffrey S. Kenyon
Print or Type Name

[redacted] President
Title

File Date	FILED
Check No:	MAR 07 2008
By:	By 1015

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Form 630 Rev. 12/06

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