

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3046

Form 630 Rev. 12/06

8008 PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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 pen	alty fee of \$25.00.				
1. Corporate ID No. 1 <b>64649</b>		2. Name of Corporation Blackstone Valley Eye Care, P.C.				
3. Street Address Principal Business Office 68 Cumberland Street, Suite 205			Woonsocket	State RI	Zip 02895	
4. Business Phone No. 5. Mate of Incorporati 401-762-4473 Rhode Island		וש				
6. Brief Description of the Charac Optometry practice that	tier of Business Conducte provides eye exam	d in Rhode Island Ninations and prescriptio	n corrective lenses.			
7. NAMES AND ADDRESS	SES OF THE OFFIC	ERS: ("X" BOX FOR A	<i>TTACHMENT)</i> 📋 FILL IN S	SPACES BEFORE USING	ATTACHMENTS	
President Name			Vice President Name		:	
Jeffrey S. Kenyon			₹ N/A			
Street Address 17 Tanager Road			Street Address			
City Seekonk	State MA	<i>2ip</i> <b>02771</b>	City	State	Zip	
Secretary Name Jeffrey S. Kenyon			Treasurer Name Jeffrey S. Kenyon			
Street Address 17 Tanager Road			Street Address 17 Tanager Road			
City Seekonk	State MA	<i>Ζιρ</i> <b>02771</b>	Gtty Seekonk	State MA	<sup>2ip</sup> 02771	
8. NAMES AND ADDRESS	SES OF THE DIREC	TORS: ("X" BOX FOR	<i>ATTACHMENT)</i> [] FILL IN	SPACES BEFORE USIN	NG ATTACHMENTS	
Director Name Jeffrey S. Kenyon			Director Name			
Street Address			Street Address			
17 Tanager Road						
City	State	Zψ	Gity	State	Zip	
Seekonk	MA	02771				
L'arector Name	******************	44444	Director Name	***************************************		
Street Address			Street Address			
Сиу	State	Zip	Capy .	State	Zip	
9. SHARES AUTHORIZED	) ("X" BOX FOR A	TTACHMENT)	: 10. SHARES ISSUED	("X" BOX FOR ATTAC	CHMENT)	
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	sтк	\$0.01	
This report must be execut			orized representative. If the cover or trustee.	corporation is in the hand	ds of a receiver or trustee,	

	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements
File Date FILED	contained herein are true and correct.
Check No: MAR 0 7 2008	Jeffrey S. Kenyon
FOR SECRETARY OF STATE USE ONLY	Print or Type Name  President
	Title