



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

**LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008**

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 86395		2. Exact name of the limited liability company Wickford Optical, L.L.C.	
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Dispensing and sale of eye glasses.	
5. Principal office address 7805 Post Road		City North Kingstown	State RI
		Zip 02852	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Peter A. Koch		Contact Title	
Street Address 7805 Post Road		City North Kingstown	State RI
		Zip 02852	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b> FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Manager Name Peter A. Koch		Manager Name	
Street Address 7805 Post Road		Street Address	
City North Kingstown	State RI	City	State
Zip 02852		Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name Scott T. Spear, Esq.		Address	
Address 30 Exchange Terrace		City Providence	Zip 02903

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 SECRETARY OF STATE  
 CORPORATIONS DIVISION  
 2008 SEP 23 PM 1:18

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

86395

<b>FILED</b>	
File Date	SEP 24 2008
Check No.	By 32469
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.

*Peter A. Koch* 9/14/08  
Signature of Authorized Person Date

Peter A. Koch, Manager

Print or Type Name of Authorized Person