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

A. Ralph Mollis, *Secretary of Stat*
Corporations Divisio
148 W. River Stree
Providence, RI 02904-261
401.222.304

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2009

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
131499	Dr. Elissa M. Contillo, Inc.

3. Street Address Principal Business Office	City	State	Zip
671 Atwood Avenue	Cranston	RI	02920

4. Business Phone No.	5. State of Incorporation
(401) 421-4821	Rhode Island

5. Brief Description of the Character of Business Conducted in Rhode Island
TO OPERATE AS AN OPTOMETRIST AND OPTOMOLOGY CENTER

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

President Name	Vice President Name
Elissa M. Contillo	Elissa M. Contillo
Street Address: 671 Atwood Avenue	Street Address: 671 Atwood Avenue
City: Cranston; State: RI; Zip: 02920	City: Cranston; State: RI; Zip: 02920
Secretary Name	**Treasurer Name**
Elissa M. Contillo	Elissa M. Contillo
Street Address: 671 Atwood Avenue	Street Address: 671 Atwood Avenue
City: Cranston; State: RI; Zip: 02920	City: Cranston; State: RI; Zip: 02920

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

Director Name	Director Name
Elissa M. Contillo	
Street Address: 671 Atwood Avenue	Street Address:
City: Cranston; State: RI; Zip: 02920	City: ; State: ; Zip:
Director Name	**Director Name**
Street Address:	Street Address:
City: ; State: ; Zip:	City: ; State: ; Zip:

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common	No Par

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 repor including any accompanying schedules and statements, and that all statement contained herein are true and correct.

Elissa M. Contillo 1/26/09
Signature *Date*

Elissa M. Contillo
Print or Type Name

[redacted] President
Title

FILED
File Date FEB 19 2009
Check No. By 60537
By:
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