



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 02904-2611
401.222.3044

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. 131499
2. Name of Corporation Dr. Elissa M. Contillo, Inc.

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

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

6. 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 Elissa M. Contillo
Vice President Name Elissa M. Contillo

Street Address 671 Atwood Avenue
City Cranston State RI Zip 02920

Secretary Name Elissa M. Contillo
Treasurer Name Elissa M. Contillo

Street Address 671 Atwood Avenue
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 Elissa M. Contillo

Street Address 671 Atwood Avenue
City Cranston State RI Zip 02920

Director Name

Street Address

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.

FILED

File Date FEB 19 2009

Check No. By 6537

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.

Elissa M. Contillo 1/26/09
Signature Date

Elissa M. Contillo

Print or Type Name

President

Title