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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 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			
20550	Joseph F. Osmanski, O.D., Inc.			
3. Street Address Principal Business Office		City	State	Zip
1971 Mineral Spring Avenue		North Providence	RI	02904
4. Business Phone No.	5. State of Incorporation			
401-232-0941	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
Authorized to practice optometry in Rhode Island.

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

President Name	City	State	Zip
JOSEPH F. OSMANSKI, O.D.			
Street Address			
9 Chestnut Hill Road	Glocester	RI	02814

Vice President Name	City	State	Zip
JOAN M. OSMANSKI			
Street Address			
9 Chestnut Hill Road	Glocester	RI	02914

Secretary Name	City	State	Zip
JOSEPH F. OSMANSKI, O.D.			
Street Address			
9 Chestnut Hill Road	Glocester	RI	02814

Treasurer Name	City	State	Zip
JOSEPH F. OSMANSKI, O.D.			
Street Address			
9 Chestnut Hill Road	Glocester	RI	02814

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

Director Name	City	State	Zip
JOSEPH F. OSMANSKI, O.D.			
Street Address			
9 Chestnut Hill Road	Glocester	RI	02814

Director Name	City	State	Zip
N/A			
Street Address			

Director Name	City	State	Zip
N/A			
Street Address			

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
200	Common Stock	NO PAR VALUE

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]

FILED
File Date
Check No. MAR 05 2009
By: By 10008
FOR SECRETARY OF STATE USE ONLY
31511-38-355401

[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* 2/12/09

JOSEPH F. OSMANSKI, O.D.
Print or Type Name

[redacted]

President
Title

Form 630 Rev. 08/08