

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

. Corporate ID No. 20297		2. Name of Corporation THE OPTICAL SHOP, INC.				
3. Street Address Principal Business Office 200 Tollgate Road			<i>Сиу</i> <b>Warwick</b>	State RI	<sup>Zip</sup> 02886	
4. Business Phone No. 5. State of Incorporation Rhode Island			-			
. Brief Description of the Cha Conducting an optical		cted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Curtis Ponder			Vice President Name Curtis Ponder, II			
Street Address 200 Tollgate Road			Street Address 200 Tollgate Road			
<sub>ம்</sub> Varwick	State RI	<sup>Zip</sup> <b>02886</b>	City Warwick	State RI	7.ip 02886	
Secretary Name Curtis Ponder			Treasurer Name Curtis Ponder			
Street Address 200 Tollgate Road			Street Address 200 Tollgate Road			
ար Varwick	State RI	<sup>7ip</sup> 02886	City Warwick	State RI	<sup>Zip</sup> 02886	
. NAMES AND ADDRI Director Name Curtis Ponder, II	ESSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	TACHMENT)  FILL : Director Name	IN SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 200 Tollgate Road			Street Address			
Narwick	State RI	2ip 02886	City	State	Zip	
director Name			Director Name		.,	
Street Address			Street Address			
Tty	State	Zip	City	State	Zip	
. SHARES AUTHORIZ	EED	I	10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
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.			Number of Shares	Class/Series	Par Value	
			100	Common	No par value	
This report must be executed the case that t	ecuted on behalf of the	he corporation by an authoriz ne corporation by the receiver	ed representative. If the or trustee.	corporation is in the hand	ls of a receiver or trust	

**FILED** File Date \_ APR 09 2009 Check No. \_\_\_

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare	e and affirm that I have examined this report, dules are statements, and that all statements
contained herein are true and corr	
Signature	Date
Print or Type Name	MDENT
curen	
Title	Form 630 Rev. 08/08