Filing Fee: \$50.00

1D Number: <u>9916</u>7



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State Corporations Division 148 W. River Street Providence, Rhode Island 02904-2615

FICTITIOUS BUSINESS NAME STATEMENT

Pursuant to the provisions of Section 7-1.2-402, 7-16-9 or 7-13-2 of the General Laws of Rhode Island 1956,

am foll	ended, the undersigned business corporation, limited liability company, or limited partnership hereby submits the owing statement for authority to transact business in the state of Rhode Island under a fictitious business name:
1.	The legal name of the applicant business corporation, limited liability company or limited partnership is:
2.	The fictitious business name to be used is Newfort Eyeworks
3.	The state or territory under the laws of which it is incorporated, organized or formed is Rhode Island
4.	The date of incorporation, organization or formation is February 13, 1998
5.	If a business corporation, the address of its registered office within Rhode Island is 400 Walten Ave East Providence, RT 02914
6.	If a business corporation, the business in which it is engaged Optometric and Vision Care
	Under penalty of perjury, I declare that the information contained herein is true and correct. The brown Center, Excellence in Vision Clarater of the brown of t
Dat	Name of Applicant Corporation, Limited Liability Company or Limited Partnership
	JUL 0.2 2010 Signature of Authorized Officer of the Corporation or
	By Signature of Authorized Person for the Limited Liability Company
	92:01 HV 2-700 USS Signature of Authorized Person for the Limited Partnership



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island and Providence Plantations, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

A. Japa 1. eeio

Secretary of State

