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 2011

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		
000164649	Blackstone Valley Eye Care, P.C.		
3. Street Address Principal Business Office	City	State	Zip
68 Cumberland St. Suite 205	Woonsocket	RI	02895
4. Business Phone No.	5. State of Incorporation		
401-762-4473	RI		

6. Brief Description of the Character of Business Conducted in Rhode Island
Optometry Practice that provides eye examinations and prescription corrective lenses

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

President Name	Vice President Name
Jeffrey S. Kenyon	N/A
Street Address: 17 Tanager Rd	Street Address:
City: Seekonk / State: MA / Zip: 02771	City: / State: / Zip:
Secretary Name: N/A	Treasurer Name: N/A
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

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

Director Name	Director Name
N/A	N/A
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:
Director Name: N/A	Director Name: N/A
Street Address:	Street Address:
City: / State: / Zip:	City: / State: / Zip:

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
200,000.00	STK	$ 0.01

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 JAN 31 2011
Check No. 1163
By: RY
FOR SECRETARY OF STATE USE ONLY

[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 [redacted] *Date* 1/26/11

Print or Type Name Jeffrey S. Kenyon

Title President

Form 630 Rev. 08/08