

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615

2011

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(e&d)) is

subject to a penalty fee of \$25.00.						
1. Corporate ID No. 109803	2. Name of Corporation Seacoast Eye Associates, Inc.					
3. Street Address Principal Business Office 70 Kenyon Avenue, Suite 211			^{City} Wakefield	State RI	^{Zip} 02879	
4. Business Phone No. 5. State of Incorporation (401) 783-7009 Rhode Island						
6. Brief Description of the Character o	f Business Conducted in Ri	oode Island				
7. NAMES AND ADDRESSES	OF THE OFFICERS:	C'X' BOX FOR ATTA	CHMENT) FILL IN SPACE	S BEFORE USING ATT	ACIDIENTS (/)	
President Name			Vice President Name			
Barry Wepman,MD, Vice President			Mark S. Deresienski, OD	, Vice President		
Street Address			Street Address			
70 Kenyon Avenue, Suite 211			70 Kenyon Avenue, Suite 211 🖁 💆 📶			
_{City} Wakefield	State RI	^{Zip} 02879	City Wakefield	State RI	Zip 02 ₹ 79 ≅ ≤	
Secretary Name Barry Wepman, MD			Treasurer Name Mark S. Deresienski, OD			
Street Address 70 Kenyon Avenue, Suite 211			Street Address 70 Kenyon Avenue, Suite 211			
City Wakefield	State RI	^{Ztp} 02879	_{பேர} Wakefield	State RI	^{Zip} 02879	
8. NAMES AND ADDRESSES	OF THE DIRECTORS	. ("X" BOX FOR ATT	Achment) 🔲 fill in spac	CES BEFORE USING AT	TACHMENTS	
			Director Name			
Barry Wepman, MD			Mark S. Deresienski, OD			
Street Address			Street Address			
70 Kenyon Avenue, Suite	211		70 Kenyon Avenue, Suite	e 211		
Cu)	State	Zip	City	State	Zip	
Wakefield	RI	02879	Wakefield	RI	02879	
Director Name None			None			
Street Address		Street Address				
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. Shares Issued ("X"	BOX FOR ATTACHME		
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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	
			400	Common	\$1.00	
			7/18 SECTIO	NUST BE LIVER	West Street	
This report must be executed	on behalf of the corp	oration by an authorize	d representative. If the corpora	ation is in the hands of :	receiver or trustee,	

this report must be executed on behalf of the corporation by the receiver or trustee.

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File Date			21)	
Check No.	F	EB 23	2011	
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		MILESCON DOL		

Under penalty of perjury, including any accompany contained herein are true	ying schedules and stat		
Signature	1	Dhte l	
Barry Wepmai	n		
Print or Type Name			· · · · · · · · · · · · · · · · · · ·
Vice Presiden	t		
Title			