

State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2011

000152426 1. ID No.

- 2. Exact Name of the Limited Liability Company Family Eye Center l.l.c
- 3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

OPTOMETRIST

5. Principal Office Address

No. and Street:

50 MAUDE STREET

City or Town:

PROVIDENCE

State: RI

Zip: 02908

Country: USA

Fee: \$50.00

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: <u>ELENA GOMAN BASKIN</u> Contact Title: <u>OWNER</u>

No. and Street:

50 CASTLE DRIVE

City or Town:

SHARON

State: MA

Zip: 02067

Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER

Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

ED GEMMA, CPA 1445 WAMPANOAG TRAIL, #202 RIVERSIDE, RI 02915-

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 11 Day of March, 2011 at 2:10:14 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.

By ELENA GOMAN BASKIN

Signature of Authorized Person

Form No. 632 Revised 09/07

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