

FOR SECRETARY OF STATE USE ONLY

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. 7-1.2-15)

subject to a penalty fee of \$25.00.			man report war/in iniriy (50) at	ys uper the time prescribed by h	iw (R.I.G.L. /-1.2-1501(c&d)) i.	
1. Corporate ID No. 113400	First Ame	2. Name of Corporation First American Administrators, Inc.				
3. Street Address Principal Business Office 4000 Luxottica Pl			City Mason	State OH	Ζip 45040	
4. Business Phone No. 5. State of Incorporation 513-765-6000 Arizona					1.00.10	
6. Brief Description of the Charac	cter of Business Cond	ucted in Rhode Island				
7. NAMES AND ADDRESS	SES OF THE OF	FICERS: ("X" BOX FOR ATTA	CHARACTA E PINT IN A	CDA CEG PERSON VIOLE		
President Name		DON FOR ATTA	Vice President Name	SPACES BEFORE USING	ATTACHMENTS	
Elizabeth DiGiandomenico			Michael Boxer			
Street Address 4000 Luxottica PI			Street Address 44 Harbor Park Pl			
^{City} Mason	State OH	^{Zip} 45040	Cin Port Washington	State NY	Zip 11050	
Secretary Name Michael Boxer			Treasurer Name Vito Giannola			
Street Address 44 Harbor Park PI			Street Address 44 Harbor Park Pl			
City Port Washington	State NY	^{Zip} 11050	City Port Washington	State NY	^{Zip} 11050	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name Kerry Bradley			TACHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Director Name Michael Boxer			
Street Address			Street Address			
4000 Luxottica PI			44 Harbor Park Pl			
City Mason Director Name	State OH	^{Zip} 45040	City Port Washington	State NY	<i>Ζψ</i> 11050	
James Neitzke			Director Name			
Street Address 4000 Luxottica PI			Street Address			
City Mason	State OH	<i>Ζι</i> ρ 45040	City	State	Zip	
9. SHARES AUTHORIZED			: 10. SHARES ISSUED	("X" BOX FOR ATTACI	 HMENT) □	
·				TION 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	
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			THIS SEC	भूषि संस्था मिम परि	A Court State of the Court of t	
This report must be execut	ed on behalf of t	he corporation by an authorize	d representative. If the ex-			
this report must be execute	d on behalf of th	e corporation by the receiver of	or trustee.	orporation is in the hands	s of a receiver or trustee,	
FI	FD		Under penalty of pe	erjury, I declare and affirm t	hat I have examined this repo	
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File Date MAK	28 2011		11001	110/3	11/16	
Check No. By MAC			Signature Date			
	null =	7	Kerry Bradle	y /	<u> </u>	
By:			Print or Type Name			
		oren (FES)	COO/Directo	or		

Title