



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. 73677		2. Name of Corporation Cole Vision Services, Inc.		
3. Street Address Principal Business Office 4000 Luxottica PI			City Mason	State OH
4. Business Phone No. 513-765-6000		5. State of Incorporation Delaware		
6. Brief Description of the Character of Business Conducted in Rhode Island Third Party Administrator for Cole Managed Vision				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Elizabeth DiGiandomenico		Vice President Name James Neitzke		
Street Address 4000 Luxottica PI		Street Address 4000 Luxottica PI		
City Mason	State OH	Zip 45040	City Mason	State OH
Secretary Name Michael Boxer		Treasurer Name Vito Giannola		
Street Address 44 Harbor Park PI		Street Address 44 Harbor Park PI		
City Port Washington	State NY	Zip 11050	City Port Washington	State NY
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Kerry Bradley		Director Name Michael Boxer		
Street Address 4000 Luxottica PI		Street Address 44 Harbor Park PI		
City Mason	State OH	Zip 45040	City Port Washington	State NY
Director Name James Neitzke		Director Name		
Street Address 4000 Luxottica PI		Street Address		
City Mason	State OH	Zip 45040	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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.		ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
		Number of Shares 1,000	Class/Series Common	Par Value No Par

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.

FILED

File Date **MAR 28 2011**
 Check No. By *mms*
 By: **10104657**
 FOR SECRETARY OF STATE USE ONLY

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 *[Signature]* Date **3/21/11**
 Kerry Bradley
 Print or Type Name
 COO/Director
 Title