



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2011

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

1. ID No. 154827		2. Exact name of the limited liability company Lawrence T. Ginsberg, O.D, LLC.			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island to operate an optometry office			
5. Principal office address 2224 Pawtucket Avenue		City E. Providence	State RI	Zip 02914	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name Lawrence T. Ginsberg			Contact Title Manager		
Street Address 2224 Pawtucket Avenue		City E. Providence	State RI	Zip 02914	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52					
Manager Name N/A			Manager Name N/A		
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name N/A			Manager Name N/A		
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name Robert P. Audette, Esq.			Address		
Address 35 Highland Avenue		City E. Providence	Zip 02914		

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



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FILED	
File Date	SEP 01 2011
Check No.	By: <i>[Signature]</i>
By:	11347
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] 8/26/11
Signature of Authorized Person Date
Lawrence T. Ginsberg
Print or Type Name of Authorized Person