

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- subject to a penalty fee of \$25.00			:	·		
1. Corporate ID No. 160291		2. Name of Corporation Lyn-Marie Behmke, O.D., Ltd.				
3. Street Address Principal Business Office 2728 Pawtucket Avenue			City East Providence	State RI	21p 02914	
4. Business Phone No.		5. State of Incorpora Rhode Island	tion			
6. Brief Description of the Chard	acter of Business Condu	cted in Rhode Island				
7 NAMES AND AUDRES President Name	SES OF THE OFF	CERS: (*X*BOX FOR	ATTACHMENT) [PIL IN S] Vice President Name	PACES BEFORE USING	ATTACHMENTS	
Lyn-Marie Behmke						
Street Address 2728 Pawtucket Avenue			Street Address	Street Address		
City East Providence	State RI	^{2ф} 02914	City	State	24 p	
Secretary Name Lyn-Marie Behmke			<i>Treasurer Name</i> Lyn- Mar le Behmke			
Street Address 2728 Pawtucket Avenue			Street Address 2728 Paw tucket Ave	Street Address 2728 Pawtucket Avenue		
City East Providence	State RI	^{Zip} 02914	City East Pro vidence	State RI	240 02914	
8, NAMES AND ADDRES Director Name Lyn-Marie Behmke	ses of the diri	CLORS: ("X" BOX FO	CASTACHMENT) FILE IN Director Name	SPACES BEFORE USIN	G ATTACHMENTS	
Street Address 2728 Pawtucket Avenue			Street Address	Street Address		
City	State	Zip	City	State	Z4 p	
East Providence	RI	02914	***************************************		1	
Director Name			Director Name			
Street Address			Street Address	Street Address		
City	State	Zip	Cuy	State	Zφ	
9. Sharës authorize	D		io shares issued issued shares — this sec	("X" BOX FOR ATTAC		
This information is sure		La Office of the Country	Manuskan we Changa	Class/Series	Par Value	
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.			100	Common	No Par	
			748 682	TION BUST DE C		
This report must be executhis report must be execu			horized representative. If the co	orporation is in the hand	ds of a receiver or trustee,	
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			Linder penalty of ne	eriury. I declare and affirm	that I have examined this repo	

Check No.	Signature Salamica
By: 3449 FOR SECRETARY OF STATE USE ONLY	Lyn-Marie Behmke Print or Type Name President Title

Under penalty of perjury, I declare and affirm including any accompanying schedules and st	
Contained herein are true and correctly	the agal
Signatura	Date
Lyn-Marie Behmke	
Print or Type Name	
President	
Title	F (00 % 00 00
	Form 630 Rev. 08/08