



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

A. Ralph Molits, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

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. 000111375		2. Name of Corporation EYE HEALTH ASSOCIATES OF RHODE ISLAND, INCORPORATED			
3. Street Address Principal Business Office 73 VALLEY ROAD			City MIDDLETOWN	State RI	Zip 02842
4. Business Phone No. 508-994-1400		5. State of Incorporation RI			
6. Brief Description of the Character of Business Conducted in Rhode Island TO CONDUCT AN OPTICAL MEDICAL PRACTICE					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name STEPHEN F. SULLIVAN			Vice President Name		
Street Address 9 ROCKLAND FARM			Street Address		
City SOUTH DARTMOUTH	State MA	Zip 02748	City	State	Zip
Secretary Name LEONARD J. VELAZQUEZ			Treasurer Name LEONARD J. VELAZQUEZ		
Street Address 3 CAPTAIN JOHN SMITH CIRCLE			Street Address 3 CAPTAIN JOHN SMITH CIRCLE		
City NORTH DARTMOUTH	State MA	Zip 02747	City NORTH DARTMOUTH	State MA	Zip 02747
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name STEPHEN F. SULLIVAN			Director Name DAVID M. SULLIVAN		
Street Address 9 ROCKLAND FARM			Street Address 33 STONE LEDGE ROAD		
City SOUTH DARTMOUTH	State MA	Zip 02748	City SOUTH DARTMOUTH	State MA	Zip 02748
Director Name LEONARD J. VELAZQUEZ			Director Name		
Street Address 3 CAPTAIN JOHN SMITH CIRCLE			Street Address		
City NORTH DARTMOUTH	State MA	Zip 02747	City	State	Zip
9. SHARES AUTHORIZED 8,000			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 100	Class/Series CNP	Par Value 0

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 JAN 18 2012
 Check No. By mme
 By: 4090
 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 1/18/12
 Print or Type Name Stephen Sullivan
 Title President