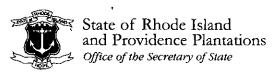
105548



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 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. 66948	2. Name of Corporation	TAIL NORTH AMER	RICA, INC.		
3. Street Address Principal Business Office 4000 LUXOTTICA PL			City MASON	State OH	Zip 45040
4. Business Phone No. 5. State of Incorporation OHIO			The state of the s		
6. Brief Description of the Character OPTICAL RETAIL	of Business Conducted in 1	Rhode Island			
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name CARLO PRIVITERA			CHMENT) TILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name JAMES NEITZKE		
Street Address 4000 LUXOTTICA PL			Street Address 4000 LUXOTTICA PL		
Gity MASON	State OH	^{Zip} 45040	City MASON	State OH	^{Zip} 45040
Secretary Name MICHAEL BOXER			Treasurer Name VITO GIANNOLA		
Street Address 44 HARBOR PARK DR			Street Address 44 HARBOR PARK DR		
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 JAMES NEITZKE			Director Name MICHAEL BOXER		
Street Address 4000 LUXOTTICA PL			Street Address 44 HARBOR PARK DR		
City MASON Director Name	State OH	Zip 45040	City PORT WASHINGTON Director Name	State NY	<i>Σφ</i> 11050
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED	k Mariana da Mariana Mariana da Mariana		10. SHARES ISSUED ("X" ISSUED SHARES — THIS SECTION		IMENT)
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
			20	COMMON	NO PAR
			1		
This report must be executed this report must be executed			Under penalty of perjury, including any accompan	I declare and affirm thing schedules and stat	of a receiver or trustee, that I have examined this report
File Date 120 201 Check No. 10 598	2 8		contained herein afe rue Signature JOHN SCOTT	and correct.	8 12 Date
BOR SECRETARY OF STA	ATE USE ONLY		Print or Type Name DESIGNEE		
		J	Title		Form 630 Rev. 08/08