



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 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. 73677		2. Name of Corporation COLE VISION SERVICES, INC.			
3. Street Address Principal Business Office 4000 LUXOTTICA PL			City MASON	State OH	Zip 45040
4. Business Phone No. 513-765-6265		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 PL			Street Address 4000 LUXOTTICA PL		
City 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		
City PORT WASHINGTON	State NY	Zip 11050	City PORT WASHINGTON	State NY	Zip 11050
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name JAMES NEITZKE			Director Name MICHAEL BOXER		
Street Address 4000 LUXOTTICA PL			Street Address 44 HARBOR PARK DR		
City MASON	State OH	Zip 45040	City PORT WASHINGTON	State NY	Zip 11050
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Class/Series	Par Value
			1000	COMMON	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.

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

JOHN SCOTT

Print or Type Name

DESIGNEE

Title

Date

File Date

Check No.

By:

FOR SECRETARY OF STATE USE ONLY