



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

A. Ralph Molis, 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(e)(d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 123414		2. Name of Corporation LUXOTTICA SUN CORP.		
3. Street Address Principal Business Office 44 HARBOR PARK DR			City PORT WASHINGTON	State NY
4. Business Phone No. 513-765-6265		5. State of Incorporation DELAWARE		
6. Brief Description of the Character of Business Conducted in Rhode Island SALES CONSULTING				
7. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name PAOLO ALBERTI		Vice President Name DANIEL SOCCI		
Street Address 44 HARBOR PARK DR		Street Address 44 HARBOR PARK DR		
City PORT WASHINGTON	State NY	Zip 11050	City PORT WASHINGTON	State NY
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
8. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name MICHAEL BOXER		Director Name		
Street Address 44 HARBOR PARK DR		Street Address		
City PORT WASHINGTON	State NY	Zip 11050	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES — THIS SECTION MUST BE COMPLETED				
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.				

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: FEB 06 2012

Check No. *[Signature]*

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: 2/1/12

DANIEL SOCCI

Print or Type Name

VP ACCOUNTING

Title