



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 - Email: corporations@sos.ri.gov - Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 110590		2. Exact name of the Corporation DR. PHILLIP G WRIGHT OPTOMETRIST LTD.			
3. Principal office address 740 NORTH MAIN STREET		City PROVIDENCE	State RI	Zip 02904	
4. Business Phone No. 401-521-5500		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO PROVIDE EYE CARE SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name PHILLIP G. WRIGHT OD			Vice-President Name PHILLIP G. WRIGHT OD		
Street Address 268 TOCKWOTTEN COVE ROAD			Street Address 268 TOCKWOTTEN COVE ROAD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLETOWN	State RI	Zip 02813
Secretary Name PHILLIP G. WRIGHT OD.			Treasurer Name PHILLIP G. WRIGHT OD		
Street Address 268 TOCKWOTTEN COVE ROAD			Street Address 268 TOCKWOTTEN COVE ROAD		
City CHARLESTOWN	State RI	Zip 02813	City CHARLESTOWN	State RTI	Zip 02813
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			6000	NO PAR	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.

File Date _____

Check No _____

By: _____

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.

Phillip G Wright OD 2/8/12
Signature of Authorized Representative Date

Phillip G. Wright OD
Print or Type Name of Authorized Representative

FILED

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STATE DIVISION