

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. 160438	2. Name of Corp Evolutione	2. Name of Corporation Evolutioneyes, Inc.				
3. Street Address Principal Business Office 270 Jenckes Hill Road			City Smithfield	State RI	<sup>Zip</sup> 02917	
4. Business Phone No. 401-334-5000  5. State of Incorporation Rhode Island				· · · · · · · · · · · · · · · · · · ·		
6. Brief Description of the Characte Purchase and sale of eye	r of Business Condu <b>Wear</b>	cted in Rhode Island				
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name  Jacqueline C. Breton  Street Address  270 Jenckes Hill Road			CHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS  Vice President Name  Kenneth S. Musket  Street Address  270 Jenckes Hill Road			
						<sup>City</sup> Smithfield
Secretary Name Kenneth S. Musket			Treasurer Name Jacqueline C. Breton			
Street Address 270 Jenckes Hill Road			Street Address 270 Jenckes Hill Road			
City Smithfield	State RI	<sup>Zip</sup> <b>02917</b>	City Smithfield	State RI	<sup>Zip</sup> <b>02917</b>	
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATT Director Name			TACHMENT)   FILL IN SPACES BEFORE USING ATTACHMENTS  Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
Director Name			Director Name			
Street Address			Street Address			
Сйу	State	Zip	City	State	Ζψ	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)  ISSUED SHARES — THIS SECTION MUST BE COMPLETED			
This information is currently of record in the Office of the Secretary of			Number of Shares	Class/Series	Par Value	
State. Changes require an additional filing. See Section 9 of instruction sheet.			100	Common	No Par	
this report must be executed	u on behalf of the	ne corporation by an authorize e corporation by the receiver	ed representative. If the or trustee.	corporation is in the hand	ts of a receiver or trustee,	
. <del></del>				f perjury, I declare and affirm		
	n		including any ac contained herein	ecompanying schedules and st are true and correct.	atements, and that all statements	
File Date	. <b>U</b>		CLARA	William C	Brital 4/1	
FFB 1 0	2012		Signature	Marine	Date	
Check No.	1/2 ~		Jacqueline	C. Breton		
By: BY	103		Print or Type Name			
FOR SECRETARY OF S	TATE USE ONLY		President	· ·		
			Title		Form 630 Rev. 08/08	