



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 2012

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. 20550		2. Exact name of the Corporation Joseph F. Osmanski, O.D., Inc.			
3. Principal office address 1971 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. Business Phone No. 401-232-0941			5. State of Incorporation RI		
6. Brief description of the character of business conducted in Rhode Island Authorized to practice Optometry in Rhode Island.					
President Name JOSEPH F. OSMANSKI, O.D.			Vice-President Name Jad Osmanski, O.D.		
Street Address 9 Chestnut Hill Road			Street Address 45 Braunecker Road		
City Glocester	State RI	Zip 02814	City Plymouth	State MA	Zip 02360
Secretary Name JOSEPH F. OSMANSKI, O.D.			Treasurer Name Joan M. Osmanski		
Street Address 9 Chestnut Hill Road			Street Address 9 Chestnut Hill Road		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
Director Name Joseph F. Osmanski, O.D.			Director Name Jad Osmanski O.D.		
Street Address 9 Chestnut Hill Road			Street Address 45 Braunecker Rd		
City Glocester	State RI	Zip 02814	City Plymouth	State MA	Zip 02360
Director Name n/a			Director Name n/a		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 200	CLASS/SERIES Common Stock	PAR VALUE No Par Value

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

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.

Joseph F. Osmanski, O.D. **2/17/12**
 Signature of Authorized Representative Date

Joseph F. Osmanski, O.D., President
 Print or Type Name of Authorized Representative