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.	2. Exact name of the Corporation		
20550	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 OD		
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	CLASS/SERIES	PAR VALUE
200	Common Stock	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

[redacted]

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 OD — 2/17/12
Signature of Authorized Representative — Date

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

Form No. 630
Revised: 01/2012