



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

No Fee

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Business Corporation  
Annual Report - Amended**

(Section 7-1.2-1501(e) of the General Laws of Rhode Island, 1956, as amended)

**This form is only to be used to amend the current annual report on file with this office.**

ANNUAL REPORT YEAR: 2012

1. Corporate ID No. 000535687

2. Name of Corporation East Coast Ophthalmics, Inc.

3. Street Address Principal Business Office:

No. and Street: 78 NORTH MAIN STREET

City or Town: PASCOAG

State: RI

Zip: 02859

Country: USA

4. Business Phone No.

(401) 710-7400

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

SUPPLY AND SUPPORT OF MEDICAL DEVICES

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MATHEW J DESJARLAIS	78 NORTH MAIN STREET PASCOAG, RI 02859 USA
TREASURER	MATHEW J. DESJARLAIS	78 NORTH MAIN STREET PASCOAG, RI 02859 USA
SECRETARY	MELISSA DESJARLAIS	78 NORTH MAIN STREET PASCOAG, RI 02859 USA
VICE PRESIDENT	AARON DESJARLAIS	78 NORTH MAIN STREET PASCOAG, RI 02859 USA
DIRECTOR	MATHEW J. DESJARLAIS	78 NORTH MAIN STREET PASCOAG, RI 02859 USA
DIRECTOR	AARON DESJARLAIS	78 NORTH MAIN STREET PASCOAG, RI 02859 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CNP		\$0.0000	100.00	100

**9. 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.**

**Signed this 30 Day of March, 2012 at 4:05:18 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By MATHEW J. DESJARLAIS  
Signature of Authorized Representative of the Corporation

PRESIDENT  
Title

**This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.**

Form No. 630  
Revised 09/07

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