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

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

Certificate Request Form

Request Information *(Entity Name is only required for a Certificate of Non-Existence)*

ID	ENTITY NAME	CERTIFICATE TYPE
000034429	20/20 Vision Care, Inc.	Good Standing Certificate

Total Fee: $22.00

Filer's Contact Information
(Enter a contact name, mailing address and email.)

Contact Name: WILLIAM ST. VINCENT, OD
Business Name: 20/20 VISION CARE, INC.
No. and Street: 375 METACOM AVENUE
City or Town: BRISTOL State: RI Zip: 02809 Country: USA
Contact Phone: (401) 253-2020 ext:
Contact Email: W.STVINCENT@COX.NET

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.