



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 2013

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. 130327 | | 2. Exact name of the Corporation Westminster Eyecare Associates, Inc. | | | |
| 3. Principal office address 891 Westminster Street | | | City Providence | State RI | Zip 02903 |
| 4. Business Phone No. | | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island To carry on the business of an optometrist. To manufacture, assemble, buy and sell spectacles, monacles and eyeglasses. | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name Scott A. Colonna | | | Vice-President Name John E. Orlando | | |
| Street Address 891 Westminster Street | | | Street Address 891 Westminster Street | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| Secretary Name Scott A. Colonna | | | Treasurer Name John E. Orlando | | |
| Street Address 891 Westminster Street | | | Street Address 891 Westminster Street | | |
| City Providence | State RI | Zip 02903 | City Providence | State RI | Zip 02903 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name Scott A. Colonna | | | Director Name John E. Orlando | | |
| Street Address same as above | | | Street Address same as above | | |
| City | State | Zip | City | State | Zip |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 9. SHARES AUTHORIZED | | | 10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | |
| 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 |
| | | | 300 | Common | No Par |
| | | | | | |

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.

File Date _____

Check No _____

By: _____

FILED

JAN 25 2013

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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.

Scott A. Colonna 1/4/13
 Signature of Authorized Representative Date

Scott A. Colonna

Print or Type Name of Authorized Representative