



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

A. Ralph Mollis, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013**

**Filing Period:** January 1 - March 1 • **Filing Fee:** \$50.00\* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 117922		2. Name of Corporation Joseph A. Boivin, O.D., Ltd.			
3. Street Address Principal Business Office 1820 Main Road			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-624-6672		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Optometry services and retail sale of eyewear and accessories					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Boivin			Vice President Name Joseph A. Boivin		
Street Address 1820 Main Road			Street Address 1820 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Joseph A. Boivin			Treasurer Name Joseph A. Boivin		
Street Address 1820 Main Road			Street Address 1820 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph A. Boivin			Director Name NONE		
Street Address 1820 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name NONE			Director Name NONE		
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.			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
			Number of Shares 100	Class/Series COMMON	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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
BY: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

**FILED**  
FEB 08 2013  
6189

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 A. Boivin* + 2/6/13  
Signature \_\_\_\_\_ Date \_\_\_\_\_  
Joseph A. Boivin  
Print or Type Name  
President  
Title