



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. 67067		2. Exact name of the Corporation GARDEN CITY EYECARE, INC.			
3. Principal office address 1150 Reservoir Avenue, Suite LL5			City Cranston	State RI	Zip 02920
4. Business Phone No. 401-943-8151		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island to engage in the practice of optometry; to diagnose any optical deficiency or deformity					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name Louise DiChiara Pastore			Vice-President Name David R. DeRuosi		
Street Address 1150 Reservoir Avenue, Suite LL5			Street Address 1150 Reservoir Avenue, Suite LL5		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Frank W. DiChiara			Treasurer Name Louise DiChiara Pastore		
Street Address 1150 Reservoir Avenue, Suite LL5			Street Address 1150 Reservoir Avenue, Suite LL5		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Frank W. DiChiara			Director Name Louise DiChiara Pastore		
Street Address 1150 Reservoir Avenue, Suite LL5			Street Address 1150 Reservoir Avenue, Suite LL5		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name David R. DeRuosi			Director Name		
Street Address 1150 Reservoir Avenue, Suite LL5			Street Address		
City Cranston	State RI	Zip 02920	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 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: _____

FOR SECRETARY OF STATE USE ONLY

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FEB 14 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.

Signature of Authorized Representative

Date

Louise DiChiara Pastore

Print or Type Name of Authorized Representative

CORPORATE ID NO. 67067

GARDEN CITY EYECARE, INC.

7. (cont'd):

Assistant Secretary:

David R. DeRuosi
1150 Reservoir Avenue Suite LL5
Cranston, RI 02920

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BY TD 67067