



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. <b>111842</b>		2. Exact name of the Corporation <b>GLENN S. PRESCOD, M.D., INC.</b>		
3. Principal office address <b>333 School Street Suite 301</b>		City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
4. Business Phone No. <b>401-725-4983</b>		5. State of Incorporation <b>Rhode Island</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Medical Services of the Eyes</b>				
President Name <b>Glenn S. Prescod, M.D.</b>		Vice-President Name		
Street Address <b>43 Bridle Lane 333 School St Suite 301</b>		Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State
Secretary Name <b>Glenn S. Prescod, M.D.</b>		Treasurer Name <b>Glenn S. Prescod, M.D.</b>		
Street Address <b>43 Bridle Lane 333 School St Suite 301</b>		Street Address <b>13 Bridle Lane</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Lincoln</b>	State <b>RI</b>
Director Name <b>Glenn S. Prescod, M.D.</b>		Director Name		
Street Address <b>13 Bridle Lane 333 School St Suite 301</b>		Street Address		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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 <b>100</b>	CLASS/SERIES <b>Common</b>	PAR VALUE <b>No Par Value</b>

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.

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

**Glenn S. Prescod**

Print or Type Name of Authorized Representative

FILED

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BY 02-194407