



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.

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|--|--------------------|---|-------------------------------|----------------------------------|
| 1. Entity ID No. 111842 | | 2. Exact name of the Corporation GLENN S. PRESCOD, M.D., INC. | | |
| 3. Principal office address 333 School Street Suite 301 | | City Pawtucket | State RI | Zip 02860 |
| 4. Business Phone No. 401-725-4983 | | 5. State of Incorporation Rhode Island | | |
| 6. Brief description of the character of business conducted in Rhode Island Medical Services of the Eyes | | | | |
| President Name Glenn S. Prescod, M.D. | | Vice-President Name | | |
| Street Address 43 Bridle Lane 333 School St Suite 301 | | Street Address | | |
| City Pawtucket | State RI | Zip 02860 | City | State |
| Secretary Name Glenn S. Prescod, M.D. | | Treasurer Name Glenn S. Prescod, M.D. | | |
| Street Address 43 Bridle Lane 333 School St Suite 301 | | Street Address 13 Bridle Lane | | |
| City Pawtucket | State RI | Zip 02860 | City Lincoln | State RI |
| Director Name Glenn S. Prescod, M.D. | | Director Name | | |
| Street Address 13 Bridle Lane 333 School St Suite 301 | | Street Address | | |
| City Pawtucket | State RI | Zip 02860 | 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 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.

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

APR 03 2013

BY 02-194407