



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

AMENDED

2013

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

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. 10523		2. Exact name of the Corporation FRAME N' FOCUS, INC.			
3. Principal office address 375 Metacom Avenue		City Bristol	State RI	Zip 02809	
4. Business Phone No. 401-253-5688		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Manufacture, assembly, buy and sell spectacles, eyeglasses and other lenses.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name David Sardinha			Vice-President Name none		
Street Address 25 Hezekiah Drive			Street Address		
City Warren	State RI	Zip 02885	City	State	
Secretary Name David Sardinha			Treasurer Name David Sardinha		
Street Address 25 Hezekiah Drive			Street Address 25 Hezekiah Drive		
City Warren	State RI	Zip 02885	City Warren	State RI	Zip 02885
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name David Sardinha			Director Name		
Street Address 25 Hezekiah Drive			Street Address		
City Warren	State RI	Zip 02885	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
			1000	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.

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.

File Date

Check No

By:

FOR SECRETARY OF STATE USE ONLY

By

FILED

AUG 06 2013

Signature of Authorized Representative

Date

David Sardinha, President

Print or Type Name of Authorized Representative



State of Rhode Island and Providence Plantations

A. Ralph Mollis

Secretary of State

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

I, A. RALPH MOLLIS, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly
executed in accordance with the provisions of Title 7 of the General Laws
of Rhode Island, as amended, has been filed in this office on this day:

A. RALPH MOLLIS

Secretary of State

