



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>000073677</b>		2. Exact name of the Corporation <b>COLE VISION SERVICES, INC.</b>			
3. Principal office address <b>4000 LUXOTTICA PLACE</b>		City <b>MASON</b>	State <b>OH</b>	Zip <b>45040</b>	
4. Business Phone No. <b>5137654481</b>		5. State of Incorporation <b>DE</b>			
6. Brief description of the character of business conducted in Rhode Island <b>THIRD PARTY ADMINISTRATOR FOR COLE MANAGED VISION(COLE NATIONAL CORPORATION)</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>ELIZABETH DIGIANDOMENICO</b>			Vice-President Name <b>TRENT RENTFROW</b>		
Street Address <b>4000 LUXOTTICA PLACE</b>			Street Address <b>4000 LUXOTTICA PLACE</b>		
City <b>MASON</b>	State <b>OH</b>	Zip <b>45040</b>	City <b>MASON</b>	State <b>OH</b>	Zip <b>45040</b>
Secretary Name <b>MICHAEL A. BOXER</b>			Treasurer Name <b>VITO GIANNOLA</b>		
Street Address <b>12 HARBOR PARK DRIVE</b>			Street Address <b>12 HARBOR PARK DRIVE</b>		
City <b>PORT WASHINGTON</b>	State <b>NY</b>	Zip <b>11050</b>	City <b>PORT WASHINGTON</b>	State <b>NY</b>	Zip <b>11050</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>MICHAEL A. BOXER</b>			Director Name <b>ELIZABETH DIGIANDOMENICO</b>		
Street Address <b>12 HARBOR PARK DRIVE</b>			Street Address <b>4000 LUXOTTICA PLACE</b>		
City <b>PORT WASHINGTON</b>	State <b>NY</b>	Zip <b>11050</b>	City <b>MASON</b>	State <b>OH</b>	Zip <b>45040</b>
Director Name <b>TRENT RENTFROW</b>			Director Name		
Street Address <b>4000 LUXOTTICA PLACE</b>			Street Address		
City <b>MASON</b>	State <b>OH</b>	Zip <b>45040</b>	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
			1,000		NO PAR

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

**FILED**

**AUG 13 2013**

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.

*Gwen Lawhorn*  
Signature of Authorized Representative

**08/03/2013**

Date

**GWEN LAWHORN, SR. ACCOUNTANT**

Print or Type Name of Authorized Representative

By *mmc*  
*CR #10248669*