



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. 000073677 | | 2. Exact name of the Corporation COLE VISION SERVICES, INC. | | | |
| 3. Principal office address 4000 LUXOTTICA PLACE | | City MASON | State OH | Zip 45040 | |
| 4. Business Phone No. 5137654481 | | 5. State of Incorporation DE | | | |
| 6. Brief description of the character of business conducted in Rhode Island THIRD PARTY ADMINISTRATOR FOR COLE MANAGED VISION(COLE NATIONAL CORPORATION) | | | | | |
| 7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| President Name ELIZABETH DIGIANDOMENICO | | | Vice-President Name TRENT RENTFROW | | |
| Street Address 4000 LUXOTTICA PLACE | | | Street Address 4000 LUXOTTICA PLACE | | |
| City MASON | State OH | Zip 45040 | City MASON | State OH | Zip 45040 |
| Secretary Name MICHAEL A. BOXER | | | Treasurer Name VITO GIANNOLA | | |
| Street Address 12 HARBOR PARK DRIVE | | | Street Address 12 HARBOR PARK DRIVE | | |
| City PORT WASHINGTON | State NY | Zip 11050 | City PORT WASHINGTON | State NY | Zip 11050 |
| 8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| Director Name MICHAEL A. BOXER | | | Director Name ELIZABETH DIGIANDOMENICO | | |
| Street Address 12 HARBOR PARK DRIVE | | | Street Address 4000 LUXOTTICA PLACE | | |
| City PORT WASHINGTON | State NY | Zip 11050 | City MASON | State OH | Zip 45040 |
| Director Name TRENT RENTFROW | | | Director Name | | |
| Street Address 4000 LUXOTTICA PLACE | | | Street Address | | |
| City MASON | State OH | Zip 45040 | 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.
 Signature of Authorized Representative: *Gwen Lawhorn* Date: **08/03/2013**
GWEN LAWHORN, SR. ACCOUNTANT
 Print or Type Name of Authorized Representative

By: *mmc*
CR # 10248669