

	<b>State of Rhode Island and Providence Plantations</b> <b>Office of the Secretary of State</b>  Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040	Fee: \$50.00  <a href="#">LOGOUT</a>	
<b>Business Corporation Annual Report</b> Filing Period: January 1 - March 1			
<p><i>In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&amp;d)) is subject to a penalty fee of \$25.00.</i></p>			
<a href="#">?</a> Help with this form			
<b>ANNUAL REPORT YEAR:</b> <input type="text" value="2014"/>			
<b>1. Corporate ID No.</b> <input type="text" value="000111784"/>			
<b>2. Name of Corporation</b> <input type="text" value="Victorian Eye Care, Inc."/>			
<b>3. Street Address Principal Business Office:</b>			
No. and Street: <input type="text" value="215 LEGRIS AVENUE"/>			
City or Town: <input type="text" value="WEST WARWICK"/> State: <input type="text" value="RI"/> Zip: <input type="text" value="02893"/> Country: <input type="text" value="USA"/>			
<b>4. Business Phone No.</b>			
<input type="text" value="401-828-4838"/>			
<b>5. State of Incorporation</b>			
State: <input type="text" value="RI"/>			
<b>6. Brief Description of the Character of Business Conducted in Rhode Island</b>			
<div style="border: 1px solid black; padding: 5px; min-height: 100px;">TO PROVIDE OPTOMETRIC SERVICES TO PATIENTS</div>			
<div style="font-size: 2em; font-weight: bold; margin: 0;">FILED</div> <div style="font-size: 1.2em; margin: 5px 0;">JAN 13 2014</div> <div style="font-size: 1.5em; font-family: cursive; margin: 0;">6004</div>			
<b>7. Names and Addresses of the Officers and Directors:</b>			
<p>All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.</p>			
Delete	Title	Individual Name <small>First, Middle, Last, Suffix</small>	Address <small>Address, City or Town, State, Zip Code, Country</small>

<input checked="checked" type="checkbox"/>	PRESIDENT	HELENE M. BRADLEY O.D.	215 LEGRIS AVENUE WEST WARWICK, RI 02893 USA	
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Select From Below ▼

Title:

First Name:

Middle Name:

Last Name:

Suffix:

Address:

City:

State:

Zip:

Country:

Clear

Add

  

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.0100	4,000.00	500.00

  

**9. 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.**

  

**Filer's Contact Information**  
*(Enter a contact name, mailing address and email.)*

Contact Name:	<div style="border: 1px solid black; padding: 2px;">Kathy Raspallo</div>		
Business Name:	<div style="border: 1px solid black; padding: 2px;">Victorian Eye Care</div>		
No. and Street:	<div style="border: 1px solid black; padding: 2px;">215 Legris Avenue</div>		<div style="border: 1px solid black; padding: 2px;">- Same Address as - ▼</div>
	<div style="border: 1px solid black; height: 20px;"></div>		
City or Town:	<div style="border: 1px solid black; padding: 2px;">West Warwick</div>	State: <div style="border: 1px solid black; padding: 2px;">RI</div>	Zip: <div style="border: 1px solid black; padding: 2px;">02893</div> Country: <div style="border: 1px solid black; padding: 2px;">us</div>
Contact Phone:	<div style="border: 1px solid black; padding: 2px;">401-828-4838</div>	ext: <div style="border: 1px solid black; width: 50px; height: 20px;"></div>	
Contact Email:	<div style="border: 1px solid black; height: 20px;"></div>		

Clear

Please provide an email address to receive an expedited response from us if the filing is rejected for any reason. If no email address is provided, we will respond by mail.

  

**Signed this 28 Day of December, 2013 at 2:34:53 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By

Signature of Authorized Representative of the Corporation

*President*

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.