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 2014

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.	2. Exact name of the Corporation
14733	Strand Optical Co., Inc.

3. Principal office address	City	State	Zip
815 Oaklawn Avenue	Cranston	RI	02920

4. Business Phone No.	5. State of Incorporation
401-942-5486	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
Operation of a general eye care center

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Eugene Folgo, Jr.	8 Spruce Drive	Coventry	RI	02816

Vice-President Name	Street Address	City	State	Zip
Barbara Folgo	8 Spruce Drive	Coventry	RI	02816

Secretary Name	Street Address	City	State	Zip
Barbara Folgo	8 Spruce Drive	Coventry	RI	02816

Treasurer Name	Street Address	City	State	Zip
Eugene Folgo, Jr.	8 Spruce Drive	Coventry	RI	02816

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Eugene Folgo, Jr.	8 Spruce Drive	Coventry	RI	02816

Director Name	Street Address	City	State	Zip
Barbara Folgo	8 Spruce Drive	Coventry	RI	02816

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
500	common	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
FEB 27 2014
4083

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: 1/20/2014

Eugene L Folgo Jr
Print or Type Name of Authorized Representative

Form No. 630
Revised 01/2012
100393-13-49704