



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. 66948		2. Exact name of the Corporation LUXOTTICA RETAIL NORTH AMERICA, INC.			
3. Principal office address 4000 LUXOTTICA PLACE		City MASON	State OH	Zip 45040	
4. Business Phone No. 513-765-4481		5. State of Incorporation OH			
6. Brief description of the character of business conducted in Rhode Island OPERATES OPHTHALMIC RETAIL CONCEPTS INCLUDING LENS CRAFTERS, PEARLE VISION, SEARS OPTICAL AND TARGET OPTICAL					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name CARLO PRIVITERA			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 ANDREA GUERRA			Director Name ENRICO CAVATORTA		
Street Address VIA CANTU 2			Street Address VIA CANTU 2		
City MILAN	State ITALY	Zip 20123	City MILAN	State ITALY	Zip 20123
Director Name MICHAEL A. BOXER			Director Name TRENT RENTFROW		
Street Address 12 HARBOR PARK DRIVE			Street Address 4000 LUXOTTICA PLACE		
City PORT WASHINGTON	State NY	Zip 11050	City MASON	State OH	Zip 45040
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
			500	COMMON	0.00

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
 MAR 17 2014
 10279825

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: 03/11/2014
GWEN LAWHORN, SR. ACCOUNTANT
 Print or Type Name of Authorized Representative

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