



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. 13050		2. Exact name of the Corporation South Kingstown Optical, Inc.			
3. Principal office address 40 Sauga Ave.		City No. Kingstown	State RI	Zip 02852	
4. Business Phone No. 401-294-4771		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island inactive					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Kristin Sornberger			Vice-President Name n/a		
Street Address 40 Sauga Ave			Street Address		
City No. Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name David Zuckerbraun			Treasurer Name n/a		
Street Address 23 Broad St			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name none			Director Name none		
Street Address			Street Address		
City	State	Zip	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
			5000	CWP	1.00

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: _____

FILED

JUL 25 2014

FOR SECRETARY OF STATE USE ONLY

BY 4166639

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.

K. Sornberger **7/24/14**
 Signature of Authorized Representative Date

Kristin Sornberger, Pres.
 Print or Type Name of Authorized Representative