RI SOS Filing Number: 201448340770 Date: 10/18/2014 6:55 AM

State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2014

1. ID No. 000549733

2. Exact Name of the Limited Liability Company Eye Care, l.l.c.

3. State of Formation

State: RI

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

Eye exams for patients at Nursing homes and Assisted Living Centers will be provided when contracts with such homes are created. Eye exams will be provided to homebound patients when patients are referred by their primary care doctor to have an eye exam.

5. Principal Office Address

No. and Street: 110 ROBIN ROAD
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: MARY SPENCER Contact Title: OPTOMETRIST
No. and Street: 110 ROBIN RD
City or Town: PORTSMOUTH State: RI Zip: 02871 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	MARY ANN SPENCER O.D.	110 ROBIN ROAD PORTSMOUTH, RI 02871 USA

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

MARY SPENCER O.D. 110 ROBIN ROAD PORTSMOUTH , RI 02871

0-5652-0

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 18 Day of October, 2014 at 6:58:40 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By MARY SPENCER
Signature of Authorized Person

Form No. 632
Revised 09/07