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 2011

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
000147780	DR. DENNIS KARAMBELAS

3. Principal office address	City	State	Zip
295 SOUTH MAIN STREET	PROVIDENCE	RI	02903

4. Business Phone No.	5. State of Incorporation
(401) 831-2015	RHODE ISLAND

6. Brief description of the character of business conducted in Rhode Island
TO PROVIDE OPTOMETRIST SERVICES TO THE GENERAL PUBLIC.

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

President Name			Vice-President Name		
DR. DENNIS KARAMBELAS			DR. DENNIS KARAMBELAS		
Street Address: 6 MALLARD COVE WAY			Street Address: 6 MALLARD COVE WAY		
City: BARRINGTON	State: RI	Zip: 02806	City: BARRINGTON	State: RI	Zip: 02806
Secretary Name: DR. DENNIS KARAMBELAS			Treasurer Name: DR. DENNIS KARAMBELAS		
Street Address: 6 MALLARD COVE WAY			Street Address: 6 MALLARD COVE WAY		
City: BARRINGTON	State: RI	Zip: 02806	City: BARRINGTON	State: RI	Zip: 02806

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

Director Name			Director Name		
DR. DENNIS KARAMBELAS					
Street Address: 6 MALLARD COVE WAY			Street Address		
City: BARRINGTON	State: RI	Zip: 02806	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
5000	COMMON	$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:
FOR SECRETARY OF STATE USE ONLY

FILED
OCT 29 2014
By: 235404
A.A. 2:24 p.m.

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.

Dr Dennis Karambelas 10-27-14
Signature of Authorized Representative — Date

DR. DENNIS KARAMBELAS
Print or Type Name of Authorized Representative

RECEIVED
SECRETARY OF STATE
CORPORATIONS DIV
2014 OCT 29 PM 2:23

Form No. 630
Revised: 01/2012
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