



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. <b>000147780</b>		2. Exact name of the Corporation <b>DR. DENNIS KARBABELAS</b>		
3. Principal office address <b>295 SOUTH MAIN STREET</b>		City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02903</b>
4. Business Phone No. <b>(401) 831-2015</b>		5. State of Incorporation <b>RHODE ISLAND</b>		
6. Brief description of the character of business conducted in Rhode Island <b>TO PROVIDE OPTOMETRIST SERVICES TO THE GENERAL PUBLIC.</b>				
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>				
President Name <b>DR. DENNIS KARBABELAS</b>		Vice-President Name <b>DR. DENNIS KARBABELAS</b>		
Street Address <b>6 MALLARD COVE WAY</b>		Street Address <b>6 MALLARD COVE WAY</b>		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>BARRINGTON</b>	State <b>RI</b>
Secretary Name <b>DR. DENNIS KARBABELAS</b>		Treasurer Name <b>DR. DENNIS KARBABELAS</b>		
Street Address <b>6 MALLARD COVE WAY</b>		Street Address <b>6 MALLARD COVE WAY</b>		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City <b>BARRINGTON</b>	State <b>RI</b>
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)</b>				
Director Name <b>DR. DENNIS KARBABELAS</b>		Director Name		
Street Address <b>6 MALLARD COVE WAY</b>		Street Address		
City <b>BARRINGTON</b>	State <b>RI</b>	Zip <b>02806</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
<b>9. SHARES AUTHORIZED:</b>				
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.				
<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)</b>				
NUMBER OF SHARES		CLASS/SERIES	PAR VALUE	
5000		COMMON	\$1.00	

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 SECRETARY OF STATE  
 CORPORATIONS DIV  
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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 Karbabelas* 10.29.14  
 Signature of Authorized Representative Date  
**DR. DENNIS KARBABELAS**

Print or Type Name of Authorized Representative