



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 **2015**

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. 795196		2. Exact name of the Corporation SAKONNET EYE CARE, INC.			
3. Principal office address 811 AQUIDNECK AVENUE		City MIDDLETOWN	State RI	Zip 02842	
4. Business Phone No. 401 849-0190		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island OPTOMETRY					
<input checked="" type="checkbox"/> YES / <input type="checkbox"/> NO					
President Name DR. KIRSTEN M.W. HEALEY, O.D.			Vice-President Name DR KIRSTEN M.W. HEALEY, O.D.		
Street Address 811 AQUIDNECK AVENUE			Street Address 811 AQUIDNECK AVENUE		
City MIDDLETOWN	State RI	Zip 02842	City MIDDLETOWN	State RI	Zip 02842
Secretary Name DR KIRSTEN M.W. HEALEY, O.D.			Treasurer Name DR KIRSTEN M.W. HEALEY, O.D.		
Street Address SEE ABOVE			Street Address SEE ABOVE		
City	State	Zip	City	State	Zip
<input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<input type="checkbox"/> YES / <input checked="" type="checkbox"/> NO					
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
			0	COMMON	NO PAR VALUE

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.



FILED

AN 21 2015

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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.

David F. Fox 1/20/15
 Signature of Authorized Representative Date

David F. Fox Assistant Secretary
 Print or Type Name of Authorized Representative

ATTACHMENT TO
SECTION 7. - Names & Addresses of Officers

Assistant Secretary - David F. Fox, Esq.
LAW OFFICES OF DAVID F. FOX
Middletown Commons
850 Aquidneck Avenue B-11
Middletown, RI 02842