| Star | te of Rhode Island a Office of the \$ | | | antations | Fee: \$50.0 | | | |
|------------------------------------------------------------------------------------------------------|------------------------------------------|-------------------------------------------------------------|-------------------------|---------------------------------------------------------------------|--------------------|--|--|--|
| Division Of Business Services 148 W. River Street | | | | | | | | |
| HOPE | Providence (401) | RI 0290 222-304 | | | | | | |
| Professional Corporatio | on | | | | | | | |
| Filing Period: January 1 - Marc | h 1 | | | | | | | |
| n accordance with R.I.G.L. 7- annual report within thirty (30) c&d)) is subject to a penalty f | days after the time prescr | | | | | | | |
| ANNUAL REPORT YEAR: 2 | 015 | | | | | | | |
| 1. Corporate ID No. 00 | 0194377 | | | | | | | |
| 2. Name of Corporation Optometric Providers of Rhode Island, Inc. | | | | | | | | |
| 3. Street Address Principal | Business Office: | | | | | | | |
| | <u>URAN STREET</u> I <u>STON</u> | State: | <u>RI</u> Zip: <u>(</u> | 0 <u>2910</u> Countr | y: <u>USA</u> | | | |
| 4. Business Phone No. | | | | | | | | |
| <u>4016262651</u> | | | | | | | | |
| 5. State of Incorporation | | | | | | | | |
| State: <u>RI</u> | | | | | | | | |
| 6. Brief Description of the C | haracter of Business C | onducted | l in Rhode Is | land | | | | |
| | | | | | | | | |
| MEDICAL OFFICE SPEC | IALIZING IN OPTOM | EIRY | | | | | | |
| 7. Names and Addresses of | the Officers and Directe | ors: | | | | | | |
| All officers and directors Incorporator is no longe | | | r directors h | ave been elected | , the title | | | |
| Title | | Individual Name | | Address | | | | |
| PRESIDENT | | First, Middle, Last, Suffix MICHAEL R. IANNUCCILLI, O.D. | | Address, City or Town, State, Zip Code, Country 41 MAURAN STREET | | | | |
| | | | CR | ANSTON, RI 02910 US | SA | | | |
| 8. Shares Authorized and Is | ssued | | | | | | | |
| | | Denlist | | | Total Issued | | | |
| Class of Stock | Series of Stock | Par valu | e Per Share | Total Authorized | and Outstanding | | | |

| | | Shares Number of Shares | Num of Shares |
|-----|----------|----------------------------|------------------|
| STK | \$1.0000 | 8,000.00 | 100 |
| | | | |

9. 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.

Signed this 23 Day of February, 2015 at 11:56:00 AM. 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By MICHAEL R IANNUCCILLI

Signature of Authorized Representative of the Corporation

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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