



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. <b>998108</b>		2. Exact name of the Corporation <b>MELANIN OPTICS, INC.</b>		
3. Principal office address <b>10 River Street</b>		City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
4. Business Phone No.		5. State of Incorporation		
6. Brief description of the character of business conducted in Rhode Island <b>Sale of eye wear products</b>				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
President Name <b>Kody Kelly</b>		Vice-President Name <b>Kody Kelly</b>		
Street Address <b>10 River Street</b>		Street Address <b>10 River Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>
Secretary Name <b>Kody Kelly</b>		Treasurer Name <b>Kody Kelly</b>		
Street Address <b>10 River Street</b>		Street Address <b>10 River Street</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
Director Name <b>Kody Kelly</b>		Director Name		
Street Address <b>10 River Street</b>		Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED				
10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
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
		<b>100</b>		No

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

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BY 8599

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.

Kody Kelly  
Signature of Authorized Representative

2/3/15  
Date

**Kody Kelly, President**

Print or Type Name of Authorized Representative