



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

Foreign Non-Profit  
Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000151836

2. Name of Corporation The Eye Care Network, Inc.

3. State of Incorporation

State: CA

4. Corporate Address in Rhode Island

No. and Street: NONE

City or Town: NONE

State: RI

Zip: 00000

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 345 BAKER STREET

City or Town: COSTA MESA

State: CA

Zip: 92626

Country: USA

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

VISION PROVIDER NETWORK

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
SECRETARY	SYLVIA L URBANIEC	345 BAKER ST COSTA MESA, CA 92626 USA
CFO	CHARLES KUPFER	345 BAKER ST COSTA MESA, CA 92626 USA
ASSISTANT SECRETARY, DIRECTOR	RONALD FOLTZ MD	1000 FOWLER WAY #2 PLACERVILLE, CA 95667 USA
CHAIR, DIRECTOR	PAUL T URREA MD	850 S ATLANTIC AVE #301 MONTEREY PARK, CA 91754 USA

DIRECTOR	KEITH RENKEN	225 SHARON RD ARCADIA, CA 91007 USA
DIRECTOR	DONALD Y LESSER MD, JD	2516 SAMARITAN DR, STE E SAN JOSE, CA 95124 USA
VICE CHAIR, DIRECTOR	MICHAEL TIERNAN	1225 SAN CARLOS AVENUE SAN CARLOS, CA 94070 USA
CEO/PRESIDENT, DIRECTOR	ASPASIA SHAPPET	345 BAKER STREET COSTA MESA, CA 92626 USA
DIRECTOR	DENNIS METAS	302 SYCAMORE VALLEY ROAD DANVILLE, CA 94526 USA
IMM ACTIVE PAST CHAIR, DIRECTOR	LAWRENCE LONN, MD	75 WESTSHORE ROAD BELVEDERE, CA 94920 USA
DIRECTOR	CARTER SHRUM	6039 CHARAE STREET SAN DIEGO, CA 92122 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

PARACORP INCORPORATED 107 DANIELSON PIKE SCITUATE , RI 02857

**9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 13 Day of May, 2015 at 2:31:57 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By SYLVIA L. URBANIEC  
Signature of Authorized Person

Form No. 631  
Revised 09/07