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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 2016

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.	2. Exact name of the Corporation
90289	**Coastal Eye Associates, Inc.**

3. Principal office address	City	State	Zip
17 Wells Street, Suite 101	**Westerly**	**RI**	**02891**

4. Business Phone No.	5. State of Incorporation
401-322-2020	**RI**

6. Brief description of the character of business conducted in Rhode Island
Optometry practice.

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
Holly Misto	**PO Box 117**	**Westerly**	**RI**	**02891**

Vice-President Name	Street Address	City	State	Zip
Samuel Montalto, Jr.	**6 Seabury Drive**	**Westerly**	**RI**	**02891**

Secretary Name	Street Address	City	State	Zip
Salvatore Magliari	**27 Piezzo Drive**	**Westerly**	**RI**	**02891**

Treasurer Name	Street Address	City	State	Zip
Samuel Montalto, Jr.	**6 Seabury Drive**	**Westerly**	**RI**	**02891**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip
Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
0	CNP	0

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 2285
By: _____
FOR SECRETARY OF STATE USE ONLY BV

FILED
JAN 19 2016
22590

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.

Signature of Authorized Representative — Date 01/13/16

Daniel J. Urso, CPA
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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