



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. 14962		2. Exact name of the Corporation Vision Associates, Inc.			
3. Principal office address 148 Social Street		City Woonsocket		State RI	Zip 02895
4. Business Phone No. (401) 769-2758		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island To engage in the practice of optometry.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Ronald J. Hall			Vice-President Name Joseph L. Rowey		
Street Address 170 Mann School Road			Street Address 5 Franklin Way		
City Greenville	State RI	Zip 02917	City North Smithfield	State RI	Zip 02895
Secretary Name Eric J. Hall			Treasurer Name Dena Hall		
Street Address 160 Mann School Road			Street Address 18 Oakhurst Street		
City Greenville	State RI	Zip 02917	City Greenville	State RI	Zip 02917
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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
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) <input type="checkbox"/>					
NUMBER OF SHARES		CLASS/SERIES		PAR VALUE	
2,000		common		none	

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

Form No. 630
Revised: 01/2012

FILED

FEB 19 2016

BY 10801 DS

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.

Ronald J. Hall 1/27/16
Signature of Authorized Representative Date
RONALD J. HALL
Print or Type Name of Authorized Representative