



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

Fee: \$50.00

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

Business Corporation  
Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000092025

2. Name of Corporation Quality Prescription Eyewear, Inc.

3. Street Address Principal Business Office:

No. and Street: 504 MENDON ROAD  
City or Town: NORTH SMITHFIELD State: RI Zip: 02896 Country: USA

4. Business Phone No.

4017658715

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

RETAIL SALE OF CONSUMER GOODS.  
Laser Engraving

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

| Title          | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|----------------|------------------------------------------------|------------------------------------------------------------|
| TREASURER      | DAVID JOSEPH MASI                              | 504 MENDON ROAD<br>NORTH SMITHFIELD, RI 02896 USA          |
| SECRETARY      | DAVID JOSEPH MASI                              | 504 MENDON ROAD<br>NORTH SMITHFIELD, RI 02896 USA          |
| PRESIDENT      | DAVID J MASI                                   | 504 MENDON ROAD<br>NORTH SMITHFIELD, RI 02896- USA         |
| VICE PRESIDENT | MELISSA VALERIE MASI                           | 504 MENDON ROAD                                            |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|-------------------------------------------------------|----------------------------------------------------------------|
| STK            |                 | \$0.0000            | 600.00                                                | 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, 2016 at 6:22:06 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 DAVID J. MASI  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07