

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: 2016

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00 → Penalty: Additional \$25.00 fee if form is not filed by July 30.

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1. Entity ID Number	2. Exact name	of the Corporation	on		·	
126805	Northeast Volunteers in Optometric Service to Humanity, Inc.					
3. State of Incorporation	4. Brief descri	ption of the chara	cter of business conducted in I	Rhode Island		
Rhode Island	Educational and charitable purposes					
5. Principal Office Address		City	State	Zip		
191 America Way		Jamestown	RI	02835		
6. List ALL officers (names and a	iddresses)		Check the box to indicate an attachment ✓			
President Name J. Rocco Robilotto		Vice-President Name None				
Street Address 17 Baylis Court		Street Address				
City Tarrytown	State NY	^{Zip} 10591	City	State	Zip	
Secretary Name None		Treasurer Name Carl Sakovits				
Street Address		Street Address 191 America Way				
City	State	Zip	^{City} Jamestown	State RI	^{Zip} 02835	
7. List ALL directors (names and	addresses). RI	Corporations MU	ST list at least THREE director		o indicate an attachment	
Director Name Carl Sakovits		Director Name J. Rocco Robilotto				
Street Address 191 America Way		Street Address 17 Baylis Court				
^{City} Jamestown	State RI	^{Zip} 02835	City Tarrytown	State NY	^{Zip} 10591	
Director Name Joseph J. England		Director Name Maryann England				
Street Address 35 Winona Street		Street Address 35 Winona Street				
City Jamestown	State RI	^{Zip} 02835	^{City} Jamestown	State RI	^{Zip} 02835	
8. Registered Agent in Rhode Isla	and. This informa	tion is currently of r	ecord in the Department of State.	Changes require filing	Form 641.	
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.						
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.						
Name of Officer/Authorized Representative Date						
Charles W. Normand, Esquire, Authorized Representativ			ve /	July 26, 20	16	
Signature of Officer/Authorized Representative						
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FILED

JUL 27 2016

MAIL TO:

Division of Business Services 148 W. River Street, Providence, Rhode Island 02904-2615 Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 631 - Revised: 05/2016

NON PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016

Additional Information Sheet 1 of 1

NORTHEAST VOLUNTEERS IN OPTOMETRIC SERVICE TO HUMANITY, INC.

CORPORATE I.D. No: 000126805

6. List ALL officers (names and addresses) (cont.)

Name	Address	Title
Carl Sakovits	191 America Way Jamestown, RI 02835	Co-President

7. List ALL directors (names and addresses) (cont.)

Name	Address	Title
Lawrence T. Ginsberg	21 Knapton Street Barrington, RI 02806	Director
Susan Seidler	730 West Reach Drive Jamestown, RI 02835	Director
Stephen J. Burney	7 Beechnut Lane Hudson, MA 01749	Director
Gregory DiSanto, OD	15 Bagatelle Road Dix Hills, NY 11746	Director
Deborah Imondi	43 Ballou Street Cumberland, RI 02864	Director
Linda Carpentier	334 Morin Street Woonsocket, RI 02895	Director
Ali Hocek	285 Lafayette Street New York, NY 10012	Director