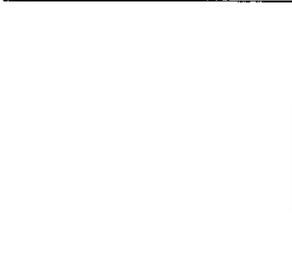




State of Rhode Island and Providence Plantations
Department of State - Business Services Division



Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 154827		2. Exact name of the Limited Liability Company LAWRENCE T. GINSBERG, O.D., LLC.			
3. NAICS Code 62 - Health Care and Social Ass		4. Brief description of the character of business conducted in Rhode Island TO OPERATE AN OPTOMETRY OFFICE			
5. State of Formation RHODE ISLAND					
6. Principal Office Address 2224 PAWTUCKET AVE		City EAST PROVIDENCE	State RI	Zip 02914	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name LAWRENCE T. GINSBERG			Contact Title MANAGER		
Street Address 2224 PAWTUCKET AVE		City EAST PROVIDENCE	State RI	Zip 02914	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name N/A		Manager Name N/A			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<i>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.</i>					
Name of Authorized Person LAWRENCE T. GINSBERG				Date 9/12/16	
Signature of Authorized Person		 SIGN DOCUMENT HERE			

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

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SEP 21 2016

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