



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

FEB 03 PM 1:55:50
 SECRETARY OF STATE
 DIVISION

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 98754		2. Exact name of the Corporation Mark G. Blasbalg, O.D., Inc.			
3. Principal Office Address 1193 Tiogue Avenue			City Coventry	State RI	Zip 02816
4. NAICS Code 54-Professional		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE GENERAL PRACTICE OF OPTOMETRY			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark G. Blasbalg, O.D.			Vice-President Name None		
Street Address 1193 Tiogue Avenue			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Mark G. Blasbalg, O.D.			Treasurer Name Mark G. Blasbalg, O.D.		
Street Address 1193 Tiogue Avenue			Street Address 1193 Tiogue Avenue		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			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			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	\$.01
11. 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.					
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.					
Name of Authorized Representative Mark G. Blasbalg, O.D.				Date 12/19/16	
Signature of Authorized Representative					

SIGN DOCUMENT FILED

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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By 294955