



State of Rhode Island and Providence Plantations  
Department of State – Business Services 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. Corporate ID No. <b>158359</b>		2. Name of Corporation <b>Vision Care Associates, Ltd.</b>			
3. Street Address Principal Business Office <b>45 Wells Street, Suite 2020</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>62</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Ophthalmology services</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>David R. Rivera, M.D.</b>			Vice President Name		
Street Address <b>45 Wells Street, Suite 2020</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
Secretary Name <b>David R. Rivera, M.D.</b>			Treasurer Name <b>David R. Rivera, M.D.</b>		
Street Address <b>45 Wells Street, Suite 2020</b>			Street Address <b>45 Wells Street, Suite 2020</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
ISSUED SHARES – THIS SECTION MUST BE COMPLETED					
Number of Shares		Class/Series		Par Value	
<b>100 shares common stock of \$.01 par value</b>					
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.					

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.

Signature

Date

**David R. Rivera, M.D.**

Print or Type Name

**President**

Title

**FILED**

**MAR 23 2017**

**BY**

*[Signature]*

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