



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. 158359		2. Name of Corporation Vision Care Associates, Ltd.			
3. Street Address Principal Business Office 45 Wells Street, Suite 2020			City Westerly	State RI	Zip 02891
4. NAICS Code 62		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Ophthalmology services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David R. Rivera, M.D.			Vice President Name		
Street Address 45 Wells Street, Suite 2020			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
Secretary Name David R. Rivera, M.D.			Treasurer Name David R. Rivera, M.D.		
Street Address 45 Wells Street, Suite 2020			Street Address 45 Wells Street, Suite 2020		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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"/>		
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.			ISSUED SHARES – THIS SECTION MUST BE COMPLETED		
			Number of Shares Class/Series Par Value		
			100 shares common stock of \$.01 par value		

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

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MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov