RI SOS Filing Number: 201739113120 Date: 3/29/2017 4:00:00 PM

nual Report for the y	year: 2017						
rporation			_				
Filing period: January 1	- March 1						
Filing Fee: \$50.00 Penalty: Additional \$25.0	0 fee if form is not	filed by April 1.					
	2 Eyact name	of the Corporation					
Intity ID Number		Eyes Unique Inc.					
					State	Zip	
Principal Office Address 80 Park Avenue			Cranston		RI	02910	
	6 Priof descri	otion of the charact	ter of business con	ducted in Rhode Isl	and		
NAICS Code		Brief description of the character of business conducted in Rhode Island Optical Supply Dispensing and Sales					
-45 - Retail Trade	Optical Supp						
State of Incorporation	ľ						
				Check t	ne box to inc	licate an attachmen	
List ALL officers (names and	addresses)		Vice-President N	^{ame} Barbara Schu	ltz		
esident Name James Schultz							
treet Address 112 Bramble Bush Road			Street Address 112 Bramble Bush Road				
y Coventry	State _{RI}	^{Zip} 02816	City Coventry		State RI	^{Zip} 02816	
ecretary Name Barbara Schultz			Treasurer Name James Schultz				
reet Address 112 Bramble Bu			Street Address	112 Bramble Bush			
^{ty} Coventry	State RI	^{Zip} 02816	City Coventry		State RI	Zip 02816 dicate an attachme	
List ALL directors (names a	nd addresses)		Director Name		the box to iii	ulcate an attachnor	
rector Name James Schultz			Director Harrie	arbara Schultz			
			Street Address	112 Bramble Bush	Road		
Street Address 112 Bramble Bush Road					Zip 02816		
Coventry	State RI	^{Zip} 02816	City Coventry		RI	02818	
irector Name			Director Name				
Hector Hame			Street Address				
treet Address			Street Address				
ity	State	Zip	City		State	Zip	
				Check	the box to in	indicate an attachmen	
). Shares Authorized This information is currently of record in the			10. Shares Issued NUMBER OF SHARES		CLASS/SERIES		
his information is currently of record in the epartment of State.		300	300			No Par	
changes require an additional	filing.						
mandes radans an againsia.				antativa If the open	oration is in	the hands of a rece	
This report must be execu-	uted on behalf of th	e corporation by ar	n authorized repres	entauve, ii trie corp ust <u>ee. </u>	Oracion is in		
rustee, this report must be e	xecuted on benair o	that I have exami	ined this report, it	ncluding any acco	mpanying s	chedules and	
statements, and that all Sta	tements containe	d herein are true a	and correct.		Date		
Name of Authorized Represe	entative				3-27	.17	
James Schultz					الرعمات ا	<i>, ,</i>	

MAIL TO: Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615 **Phone:** (401) 222-3040

Website: www.sos.ri.gov

MAR 29 2017