



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. Entity ID Number 67125		2. Exact name of the Corporation Eyes Unique Inc.			
3. Principal Office Address 1180 Park Avenue		City Cranston		State RI	Zip 02910
4. NAICS Code 44-45 - Retail Trade		6. Brief description of the character of business conducted in Rhode Island Optical Supply Dispensing and Sales			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name James Schultz			Vice-President Name Barbara Schultz		
Street Address 112 Bramble Bush Road			Street Address 112 Bramble Bush Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Barbara Schultz			Treasurer Name James Schultz		
Street Address 112 Bramble Bush Road			Street Address 112 Bramble Bush Road		
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 James Schultz			Director Name Barbara Schultz		
Street Address 112 Bramble Bush Road			Street Address 112 Bramble Bush Road		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued		
			NUMBER OF SHARES CLASS/SERIES PAR VALUE		
			300	Common	No Par
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 James Schultz					Date 3-27-17
Signature of Authorized Representative 					

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

MAR 29 2017

By 3875

FORM 630 - Revised: 02/2017