



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Professional Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2017

**1. Corporate ID No.** 000059406

**2. Name of Corporation** CUMBERLAND FAMILY EYE CARE, LTD.

**3. Street Address Principal Business Office:**

No. and Street: 248 BROAD STREET

City or Town: CUMBERLAND

State: RI

Zip: 02864

Country: USA

**4. Business Phone No.**

4017262929

**5. State of Incorporation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

54

**6. Brief Description of the Character of Business Conducted in Rhode Island**

OPTOMETRY PRACTICE

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	STEVEN W. SANTOS	8 VALLEY STREAM DR. CUMBERLAND, RI 02864 USA
TREASURER	MARIA G SANTOS	8 VALLEY STREAM DRIVE

		CUMBERLAND, RI 02864 USA
SECRETARY	LYNN M LEMOS	27 SOUTHBURY ROAD CUMBERLAND, RI 02864 USA
VICE PRESIDENT	LIONEL LEMOS JR.	27 SOUTHBURY RD. CUMBERLAND, RI 02864 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0000	100.00	100

**9. 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.**

**Signed this 5 Day of April, 2017 at 3:49:00 PM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By STEVEN W. SANTOS  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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