



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: **2018**

## Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**

JAN 05 2018

BY

13743

1. Entity ID Number <b>55061</b>		2. Exact name of the Corporation <b>GREGORY'S OPTICAL, INC.</b>			
3. Principal Office Address <b>263 WICKENDEN STREET</b>		City <b>PROVIDENCE</b>		State <b>RI</b>	Zip <b>02903</b>
4. NAICS Code <b>446130</b>		6. Brief description of the character of business conducted in Rhode Island <b>MANUFACTURING AND PROVIDING PRESCRIPTION EYEGLASSES</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>GREGORY SIROTA</b>			Vice-President Name <b>GREGORY SIROTA</b>		
Street Address <b>179 NINTH STREET</b>			Street Address <b>179 NINTH STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
Secretary Name <b>GREGORY SIROTA</b>			Treasurer Name <b>GREGORY SIROTA</b>		
Street Address <b>179 NINTH STREET</b>			Street Address <b>179 NINTH STREET</b>		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>GREGORY SIROTA</b>			Director Name		
Street Address <b>179 NINTH STREET</b>			Street Address		
City <b>PROVIDENCE</b>	State <b>RI</b>	Zip <b>02906</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.  Changes require an additional filing.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>COMMON</b>	PAR VALUE <b>NO PAR</b>
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. <b>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.</b>					
Name of Authorized Representative <b>GREGORY SIROTA</b>					Date <b>12-29-17</b>
Signature of Authorized Representative 					

## MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017