



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 31 2018

BY 3951 *joa*

1. Entity ID Number 98754		2. Exact name of the Corporation Mark G. Blasbalg, O.D., Inc.			
3. Principal Office Address 1193 Tlogue Avenue			City Coventry	State RI	Zip 02816
4. NAICS Code 631320		6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE GENERAL PRACTICE OF OPTOMETRY			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Mark G. Blasbalg, O.D.			Vice-President Name None		
Street Address 1193 Tlogue Avenue			Street Address		
City Coventry	State RI	Zip 02816	City	State	Zip
Secretary Name Mark G. Blasbalg, O.D.			Treasurer Name Mark G. Blasbalg, O.D.		
Street Address 1193 Tlogue Avenue			Street Address 1193 Tlogue Avenue		
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 None			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 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 Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE \$0.01
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 Mark G. Blasbalg, O.D.				Date 1/23/18	
Signature of Authorized Representative <i>[Signature]</i>				SIGN DOCUMENT HERE <i>[Signature]</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

FORM 630 - Revised: 10/2017