RI SOS Filing Number: 201858906140 Date: 2/20/2018 4:00:00 PM

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.

1. Entity ID Number	2. Exact name of the Corporation
67067	Garden City Eyecare, Inc.

3. Principal Office Address	City	State	Zip
1150 Reservoir Avenue, L05	Cranston	RI	02920

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621320	to engage in the practice of optometry; to diagnose any optical deficiency or deformity
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Louise DiChiara Pastore	David r. DeRuisi
Street Address: 1150 Reservoir Avenue, Suite L05	Street Address: 1150 Reservoir Avenue, L05
City: Cranston, State: RI, Zip: 02920	City: Cranston, State: RI, Zip: 02920
Secretary Name: Frank W. DiChiara	Treasurer Name: Louise DiChiara Pastore
Street Address: 1150 Reservoir Avenue, Suite L05	Street Address: 1150 Reservoir Avenue, Suite L05
City: Cranston, State: RI, Zip: 02920	City: Cranston, State: RI, Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Frank W. DiChiara	Louise DiChiara Pastore
Street Address: 1150 Reservoir Avenue, Suite L05	Street Address: 1150 Reservoir Avenue, Suite L05
City: Cranston, State: RI, Zip: 02920	City: Cranston, State: RI, Zip: 02920
Director Name: David R. DeRuosi	Director Name:
Street Address: 1150 Reservoir Avenue, Suite L05	Street Address:
City: Cranston, State: RI, Zip: 02920	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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	Common	No Par Value

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	Date
Louise DiChiara Pastore	2-15-2018

Signature of Authorized Representative: Louise DiChiara SIGN DOCUMENT HERE

FILED
FEB 20 2018
BY 7744

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: 10/2016