



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 504653		2. Exact name of the Corporation Dr. David G. Wright, Inc.	
3. Principal Office Address 6500 Post Road		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code 62 - Health Care and Social As	6. Brief description of the character of business conducted in Rhode Island Professional Service Corporation, eye examinations and eye care		
5. State of Incorporation Rhode Island	621320		
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐			
President Name David G. Wright		Vice-President Name	
Street Address 106 Martingale Drive		Street Address	
City Warwick	State RI	Zip 02886	
Secretary Name David G. Wright		Treasurer Name David G. Wright	
Street Address 106 Martingale Drive		Street Address 106 Martingale Drive	
City Warwick	State RI	Zip 02886	
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐			
Director Name David G. Wright		Director Name Nora H. Wright	
Street Address 106 Martingale Drive		Street Address 106 Martingale Drive	
City Warwick	State RI	Zip 02886	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized This information is currently of record in the Department of State.		10. Shares Issued Check the box to indicate an attachment ☐	
Changes require an additional filing.		NUMBER OF SHARES 500	CLASS/SERIES common
		PAR VALUE 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 David G. Wright		Date 2/23/18	
Signature of Authorized Representative <i>David G. Wright</i>		FILED	
SIGN DOCUMENT HERE		FEB 28 2018	

MAIL TO:
Division of Business Services
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Phone: (401) 222-3040
Website: www.sos.ri.gov

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