State of Rhode Island an Department of State			vision	_	_	
Annual Report for the ye	ear: <u>2</u>	18.	Amendo		\$ .A7	
→ Filing period: January 1 - N	March 1		20		-	
→ Filing Fee: \$50.00	viarcii i			•	- 43	
→ Penalty: Additional \$25.00 f	fee if form is not t	filed by April 1.			000 000 000	
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1. Entity ID Number 688-9.39	2. Exact name of	of the Corporation	Vision Center	s Show	RECI RECI FORA	
3. Principal Office Address	TI TIMA NA	73-94	City	State	四十二	
45 anthony	Ane.		Providence	RI	2 33207	
4. NAICS Code		tion of the character	of business conducted in Rhode	Island -	: <u>D</u>	
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0/1/04/	auto	Rodel		•	ס ניז	
5. State of Incorporation	Carro	Suy				
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7. List ALL officers (names and ad	ldresses)			k the box to indica	ate an attachment 🔲	
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Secretary Name	1 KL	10,4000	Treasurer Name	K+	1900	
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8. List ALL directors (names and a Director Name)	eddresses)		Director Name	k the box to indic	ate an attachment	
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