



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 19016		2. Name of Corporation OCEAN STATE HEARING AID CENTER, INC.			
3. Street Address Principal Business Office 163 WATERMAN STREET		City PROVIDENCE	State RI	Zip 02906	
4. Business Phone No. 4015212580		5. State of Incorporation RHODE ISLAND			6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island HEARING AID SALES AND SERVICE, HEARING AID DEALER					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Lancia		Vice President Name .			
Street Address 229 Day Lily Circle		Street Address N/A			
City Wakefield	State RI	Zip 02879	City .	State .	Zip .
Secretary Name Lisa Lancia		Treasurer Name .			
Street Address 229 Day Lily Circle		Street Address N/A			
City Wakefield	State RI	Zip 02879	City .	State .	Zip .
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Michael Lancia		Director Name N/A			
Street Address 229 Day Lily Circle		Street Address .			
City Wakefield	State RI	Zip 02979	City .	State .	Zip .
Director Name N/A		Director Name N/A			
Street Address .		Street Address .			
City .	State .	Zip .	City .	State .	Zip .
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
2,000 NO PAR VALUE			150	COMMON	NO-PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



1 9 0 1 6

19016 DBC 03/07/05 10:54:01 AM

File Date 5/3/05

Check No. 10377

By: OW

FC SE ONLY

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.

Michael Lancia 3-1-05
Signature of Officer Date
Michael Lancia
Print or Type Name of Officer
President
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 19016		2. Name of Corporation OCEAN STATE HEARING AID CENTER, INC.		
3. Street Address Principal Business Office 163 Waterman St.		City Providence	State RI	Zip 02906
4. Business Phone No. 401-521-2580		5. State of Incorporation RHODE ISLAND		6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island HEARING AID SALES AND SERVICE, HEARING AID DEALER				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name Michael Lancia		Vice President Name		
Street Address 229 Day Lily Circle		Street Address		
City Wakefield	State RI	Zip 02879	City	State
Secretary Name Lisa Lancia		Treasurer Name N/A		
Street Address 229 Day Lily Circle		Street Address		
City Wakefield	State RI	Zip 02879	City	State
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name Michael Lancia		Director Name		
Street Address 229 Day Lily Circle		Street Address N/A		
City Wakefield	State RI	Zip 02879	City	State
Director Name		Director Name		
Street Address N/A		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES		ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
2,000 NO PAR VALUE			150	Common
				NO-PAR

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 9 0 1 6 *

File Date 3/10/04
Check No. 9925
By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer [Signature]
Date
Michael Lancia
Print or Type Name of Officer
President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

19016

2. Name of Corporation

OCEAN STATE HEARING AID CENTER, INC.

3. Street Address Principal Business Office

163 Waterman ST.

City

Providence

State

RI

Zip

02906

4. Business Phone No.

401-521-2580

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9886

7. Brief Description of the Character of Business Conducted in Rhode Island

Hearing aid sales + service

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Michael Lancia

Vice President Name

Michael Lancia

Street Address

229 Day Lily Circle

Street Address

Same

City

Wakefield

State

RI

Zip

02879

City

State

Zip

Secretary Name

Lisa Lancia

Treasurer Name

Lisa Lancia

Street Address

229 Day Lily Circle

Street Address

Same

City

Wakefield

State

RI

Zip

02879

City

State

Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Michael Lancia

Director Name

N/A

Street Address

229 Day Lily Circle

Street Address

City

Wakefield

State

RI

Zip

02879

City

State

Zip

Director Name

Street Address

N/A

Director Name

N/A

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

ISSUED SHARES

Number of Shares

Class/Series

Par Value

2,000 NO PAR VALUE

Number of Shares

Class/Series

Par Value

150

Common No-par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 9 0 1 6 *

File Date: 4-30-03

Check No.: 9529

By: llp

FOR SECRETARY OF STATE USE ONLY

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.

Michael Lancia 3-1-03
Signature of Officer Date

Michael Lancia
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 19016 2. Name of Corporation OCEAN STATE HEARING AID CENTER, INC.
3. Street Address Principal Business Office 163 Waterman City Providence State RI Zip 02906
4. Business Phone No. 401-521-2580 5. State of Incorporation RHODE ISLAND 6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island Hearing aid Business

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael Lancia Vice President Name Michael Lancia
Street Address 229 Day Lily Circle Street Address Same
City Wakefield State RI Zip 02906 City Wakefield State RI Zip 02906
Secretary Name Lisa Lancia Treasurer Name Lisa Lancia
Street Address 229 Day Lily Circle Street Address Same
City Wakefield State RI Zip 02906 City Wakefield State RI Zip 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Michael Lancia Director Name n/a
Street Address 229 Day Lily Circle Street Address n/a
City Wakefield State RI Zip 02906 City Wakefield State RI Zip 02906
Director Name n/a Director Name n/a
Street Address n/a Street Address n/a
City Wakefield State RI Zip 02906 City Wakefield State RI Zip 02906

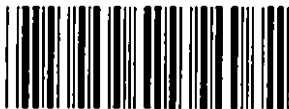
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
150 Common NO-Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 9 0 1 6 *

File Date: 2/4/02

Check No.: 8884

By: AS

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Michael Lancia Date 1-20-02

Print or Type Name of Officer Michael Lancia

Title of Officer Pres



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 19016 2. Name of Corporation OCEAN STATE HEARING AID CENTER, INC.
3. Street Address Principal Business Office 130 Waterman ST City Providence State RI Zip 02906
4. Business Phone No. 401-521-2580 5. State of Incorporation RHODE ISLAND 6. SIC Code 9888

7. Brief Description of the Character of Business Conducted in Rhode Island

Hearing aid sales + services) Hearing aid Dealer

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Michael Lancia Vice President Name Michelle Lancia
Street Address 229 Day Lily Circle Street Address Wakefield

City Wakefield State RI Zip 02879 City Wakefield State RI Zip 02879

Secretary Name Lisa Lancia Treasurer Name Lisa Lancia
Street Address 229 Day Lily Circle Street Address Wakefield

City Wakefield State RI Zip 02879 City Wakefield State RI Zip 02879

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name none Director Name none
Street Address na Street Address na

City na State na Zip na City na State na Zip na

Director Name none Director Name none
Street Address na Street Address na

City na State na Zip na City na State na Zip na

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares 2000 SHS NO PAR VAL Class/Series NO PAR VAL Par Value NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares 150 Class/Series Common Par Value NO PAR VAL

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 9 0 1 6 *

File Date: 2/22

Check No.: 8410

By: Michael Lancia

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Michael Lancia Date 1-27-01

Print or Type Name of Officer Michael Lancia

Title of Officer President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 19016 2. Name of Corporation
OCEAN STATE HEARING AID CENTER, INC.

3. Street Address Principal Business Office City State Zip
130 Waterman Street Providence RI 02906
4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-521-2580 RHODE ISLAND 9886

7. Brief Description of the Character of Business Conducted in Rhode Island

Hearing Aid Dealership

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
<u>Michael Lancia</u>	<u>Michael Lancia</u>
Street Address	Street Address
<u>229 Day Lily Circle</u>	<u>Same</u>
City State Zip	City State Zip
<u>Wakefield RI 02879</u>	<u>Same</u>
Secretary Name	Treasurer Name
<u>Lisa Lancia</u>	<u>Lisa Lancia</u>
Street Address	Street Address
<u>229 Day Lily Circle</u>	<u>Same</u>
City State Zip	City State Zip
<u>Wakefield RI 02879</u>	<u>Same</u>

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
<u>None</u>	<u>None</u>
Street Address	Street Address
<u>None</u>	<u>None</u>
City State Zip	City State Zip
<u>None</u>	<u>None</u>
Street Address	Street Address
<u>None</u>	<u>None</u>
City State Zip	City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
2000 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
150 Common No par Val.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 9 0 1 6 *

File Date: 2/1/00

Check No.: 7941

By: cu

FOR SECRETARY OF STATE USE ONLY

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.

Michael Lancia
Signature of Officer Date

Michael Lancia
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 19016		2. Name of Corporation OCEAN STATE HEARING AID CENTER, INC.	
3. Street Address Principal Business Office 130 Waterman Street		City Providence	State RI
4. Business Phone No. 401-521-2580		5. State of Incorporation RHODE ISLAND	6. SIC Code 9886
7. Brief Description of the Character of Business Conducted in Rhode Island Hearing Aid Dealership			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Michael Lancia		Vice President Name Michael Lancia	
Street Address 99 Pine Swamp Road		Street Address 99 Pine Swamp Road	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
Secretary Name Lisa Lancia		Treasurer Name Lisa Lancia	
Street Address 99 Pine Swamp Road		Street Address 99 Pine Swamp Road	
City Cumberland	State RI	City Cumberland	State RI
Zip 02864		Zip 02864	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) • FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name None	
Street Address None		Street Address None	
City None	State None	City None	State None
Zip None		Zip None	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares 2000 SHS NO PAR VAL	Class/Series None	Par Value None	
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares 150	Class/Series Common	Par Value No Par Value	

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 9 0 1 6 *

File Date: **Feb 11, 1999**

Check No.: **2429**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

Lisa Lancia 1/31/99
Signature of Officer Date

Lisa Lancia
Print or Type Name of Officer

Secretary & Treasurer
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

19018

2. Name of Corporation

OCEAN STATE HEARING AID CENTER, INC.

3. Street Address Principal Business Office

130 Waterman Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

401-521-2580

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9886

7. Brief Description of the Character of Business Conducted in Rhode Island

Hearing Aid dealership

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Michael Lancia

Vice President Name

Michael lancia

Street Address

99 Pine Swamp Rd

Street Address

Same

City Cumberland State RI Zip 02864

City Same State Zip

Secretary Name

Lisa Lancia

Treasurer Name

Lisa Lancia

Street Address

99 Pine Swamp RD

Street Address

Same

City Cumberland State RI Zip 02864

City Same State Zip

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

None

Director Name

Street Address

Street Address

City State Zip

City State Zip

Director Name

None

Director Name

Street Address

Street Address

City State Zip

City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2000 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

150

Common

no par Val.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 9 0 1 6 *

File Date: 3/1/98

Check No.: 7189

By: CAP

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Michael Lancia Date: 3-1-98

Print or Type Name of Officer: Michael Lancia

Title of Officer: President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040



PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

19016

2. Name of Corporation

OCEAN STATE HEARING AID CENTER, INC.

3. Street Address Principal Business Office

130 Waterman Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

401 521-2580

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9886

7. Brief Description of the Character of Business Conducted in Rhode Island

Hearing Aid Dealership

8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)

President Name

Michael S. Lancia

Vice President Name

Michael S. Lancia

Street Address

77 Pine Swamp RD

Street Address

Same

City

Cumberland

State

RI

Zip

02364

City

Same

State

Same

Zip

Same

Secretary Name

Lisa Lancia

Treasurer Name

Lisa Lancia

Street Address

99 Pine Swamp RD

Street Address

Same

City

Cumberland

State

RI

Zip

02854

City

Same

State

Same

Zip

Same

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

2000 SHS NO PAR VAL

ISSUED SHARES

Number of Shares

Class/Series

Par Value

150

Common

No Par Val.

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 9 0 1 6 *

File Date: 3/6/97

Check No.: 180437

By: KID

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: Michael S. Lancia

Date

Michael S. Lancia

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantings
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1
Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO.	2. NAME OF CORPORATION		
19016	OCEAN STATE HEARING AID CENTER, INC.		
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE	CITY	STATE	ZIP CODE
130 Waterman Street	Providence,	RI	02906
4. BUSINESS PHONE NO.	5. STATE OF INCORPORATION	6. SIC CODE	
401 521 2801	RHODE ISLAND	9886	

7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED BY RHODE ISLAND
See attached

8. NAMES AND ADDRESSES OF THE OFFICERS			
PRESIDENT NAME		VICE PRESIDENT NAME	
Michael S. Lancia		Carmel M. Lancia	
STREET ADDRESS		STREET ADDRESS	
99 Pine Swamp Road		88 Smith Ave. Greenville, RI 02828	
CITY	STATE	CITY	STATE
Cumberland	RI	Greenville	Ri
SECRETARY NAME		TREASURER NAME	
Richard Lancia		Carmel M. Lancia	
STREET ADDRESS		STREET ADDRESS	
22 Goldmine Road		88 Smith Ave.	
CITY	STATE	CITY	STATE
Glocester,	RI	Greenville	RI

9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME		DIRECTOR NAME	
XXXXXXXXXXXXXXXXXXXX		Anthony Lancia	
STREET ADDRESS		STREET ADDRESS	
XXXXXXXXXXXXXXXXXXXX		88 Smith Ave.	
CITY	STATE	CITY	STATE
Cumberland	RI	Greenville	RI
DIRECTOR NAME		DIRECTOR NAME	
STREET ADDRESS		STREET ADDRESS	
CITY	STATE	CITY	STATE

10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
2000 SHS NO PAR VAL			2000	common	

This report must be **SIGNED IN INK** by either the
President, Vice President, Secretary, Assistant Secretary, Treasurer, 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.

File Date: 5/1/96

Check No: 5174

Rv: [Signature]

Carmel M. Lancia
Signature of Officer

Carmel M. Lancia, Vice Pres.
Print or Type Name of Officer

Vice Pres
Title of Officer

3-1-96
Date

OCEAN STATE HEARING AID CENTER, INC.

Hearing Aids - Hearing Test Instruments



14 Cedar Swamp Road
Greenville, RI 02917

(401) 231-2444

130 Waterman Street
Providence, R.I. 02906

(401) 521-2801

April 29, 1996

State Of Rhode Island
James J. Langevin, Secretary of State
100 North Main Street
Providence, RI 02903 1335

The following is a description of
our business:

Our primary business is the fitting of
hearing aids which includes:

- Testing of client for hearing loss
- Fitting of hearing aids if necessary
- Repairs and service to hearing aids
- Sales and service of Audiometers

We offer a free 30 day trial on
all new hearing aids.

sale of batteries and accessories
for hearing aids.

State of Rhode Island and Providence Plantations



Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

ANNUAL REPORT

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

0019015

1995

Corporate ID: _____ Annual Report for the year: _____

OCEAN STATE HEARING AID CENTER, INC.

Name of Corporation: _____

Business entity organized under the laws of the State of: RI

Business Entity is (check one):

For foreign entity, address and telephone number of principal office:

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)Phone: (401) 231-2444

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

130 Waterman StreetProvidence, RI 02906The testing, fitting, selling and
and service of hearing aids and
test equipment.Phone: (401) 231-2444

THE NAMES OF THE OFFICERS ARE:

	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT <u>Michael S. Lancia</u>	<u>72 Holly Street</u>	<u>So. Attleboro, MA</u>	<u>02703</u>
VICE PRESIDENT <u>Carmel M. Lancia</u>	<u>22 Rocky Road</u>	<u>Gilford, NH</u>	<u>03246</u>
SECRETARY <u>Richard Lancia</u>	<u>22 Gold Mine Road</u>	<u>Glocester, RI</u>	
TREASURER <u>Carmel Lancia</u>	<u>22 Rocky Road</u>	<u>Gilford, NH</u>	<u>03246</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Anthony Lancia</u>	<u>22 Rocky Road</u>	<u>Gilford, NH</u>	<u>03246</u>
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares 2000 Class / Series Common

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares _____ Class / Series _____

Date Feb. 28, 1995By: Ocean State Hearing Aid Center, Inc.Michael S. Lancia

PRINT OR TYPE NAME OF OFFICER SIGNING

TITLE OF OFFICER SIGNING President

Form 31 1995

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

CARMEL M. LANCIA
88 SMITH AVENUE
GREENVILLE RI 02886

FILED

MAY 01 1995

By ce 5598

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC: Sept. 1 - Nov. 1
CORP Jan. 1 - March 1

Corporate ID: 0019016 Annual Report for the year: 1994
Name of Business Entity: OCEAN STATE HEARING AID CENTER, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number

For foreign entity, address and telephone number of principal office:
N/A

Phone: 401 231 2444

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box).

14 Cedar Swamp Road

Smithfield, RI 02917

XXXXXXXXXX

XXXXXXXXXX 401 231 2444

Business Entity is (check one).

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Carmel M. Lancia

22 Rocky Road
Gilford, NH 03246

Brief statement of the character of business conducted in Rhode Island:
Hearing Aids

Date of Organization: 1/30/94

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input checked="" type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) Anthony Lancia	22 Rocky Road	Gilford, NH 03246	
<input type="checkbox"/> CHIEF OPERATING OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (Check One) Carmel M. Lancia	22 Rocky Road	Gilford, NH 03246	
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) Richard Lancia	22 Gold Mine Road	Glocester, RI	
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input type="checkbox"/> TREASURER (Check One) Michael Lancia	72 Holly St. Unit 8	So. Attleboro, MA 02703	

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Anthony M. Lancia	22 Rocky Road	Gilford, NH 03246	

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 2,000	NUMBER
CLASS Common	CLASS
SERIES	SERIES
PAR VALUE OR WITHOUT PAR No Par Value	PAR VALUE OR WITHOUT PAR

Date February 3, 1994 By: Ocean State Hearing Aid Center, Inc.
Anthony Lancia
PRESIDENT

Form 31 1994

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

CARMEL M. LANCIA
88 SMITH AVENUE
GREENVILLE RI 02828

MAILED 11 1994
BY 624179

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

3134

Corporate ID 0019016

Annual Report for the year 1993

FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Hearing Aid Center

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 14 Cedar Swamp Road Smithfield, RI 02917

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Anthony B. Lancia Director 88 Smith Avenue Greenville, RI 02828

Director

Assistant - Anthony M. Lancia Director

Anthony B. Lancia President

Carmel M. Lancia Vice President

Richard J. Lancia Secretary 22 Gold Miner Rd. Chepachet, RI

Michael S. Lancia Treasurer 88 Smith Avenue Greenville, RI, 02828

SEVENTH: Number of Shares authorized:

No of Shares 2,000

Class Common

Series

Par Value
or statement that
shares are without
par value

No Par Value

EIGHTH: Number of Shares issued:

No of Shares

1,000

Class

Common

Series

Par Value
or statement that
shares are without
par value

No Par Value

Dated February 3, 1993

Ocean State Hearing Aid Center, Inc.

(Name of Corporation)

By Anthony Lancia

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

19016

Corporate ID..... Annual Report for the year 1992

FIRST: The name of the corporation is Ocean State Hearing Aid Center, Inc.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is HEARING AID CENTER

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 150 Washington Street Providence, R. I. 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Anthony B. Lancia	Director	88 Smith Avenue Greenville, R. I. 02828
	Director	
	Director	
Anthony B. Lancia	President	"
Carmel M. Lancia	Vice President	"
Michael S. Lancia	Secretary	"
Richard J. Lancia	Treasurer	"

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2,000	Common

Par Value
or statement that
shares are without
par value
No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class
1,000	Common

Par Value
or statement that
shares are without
par value
No Par Value

Dated February 3, 19 92

OCEAN State HEARING AID CENTER, INC.
(Name of Corporation)By Anthony B. Lancia
Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

January 1st and March 1st

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019016 Annual Report for the year 1991

FIRST: The name of the corporation is Ocean State Hearing Aid Center, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Hearing aid center

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 150 Washington Street Providence, R. I.

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Anthony B. Lancia	Director	88 Smith Avenue, Greenville R. 02828
	Director	
	Director	
Anthony B. Lancia	President	88 Smith Ave. Greenville, R. I. 02828
Carmel Lanica	Vice President	88 Smith Ave. Greenville, R. I. 02828
Anthony M. Lancia	2nd Vice Pres.	88 Smith Avenue Greenville, R. I. 02828
Michael S. Lancia	Secretary	88 Smith Avenue Greenville, R. I. 02828
Richard J. Lancia	Treasurer	88 Smith Avenue Greenville, R.I. 02828

SEVENTH: Number of Shares authorized:

No. of Shares 2000 Class Common Series

Par Value
or statement that
shares are without
par value

No Par Value

EIGHTH: Number of Shares issued:

No. of Shares 2000 Class Common Series

Par Value
or statement that
shares are without
par value

No Par Value

PAID
FEB 8 1991
SECY OF STATE

Dated February 5 19 91

Ocean State Hearing Aid Center, Inc.

(Name of Corporation)

By Anthony Lancia

President

Title

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

January 1st and March 1st

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0019016 Annual Report for the year 1990

FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is hearing aid center

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 150 Washington Street, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Anthony B. Lancia	Director	88 Smith Avenue, Greenville, RI 02828
	Director	
	Director	
Anthony B. Lancia	President	88 Smith Avenue, Greenville, RI 02828
Carmel Lancia	1ST. VICE PRES.	88 Smith Avenue, Greenville, RI 02828
Anthony M. Lancia	2ND. Vice President	88 Smith Avenue, Greenville, RI 02828
Donna M. Lancia	EXEC. Vice	88 Smith Avenue, Greenville, RI 02828
Michael S. Lancia	Secretary	88 Smith Avenue, Greenville, RI 02828
Richard J. Lancia	Treasurer	88 Smith Avenue, Greenville, RI 02828

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2000	Common

Series

PAID

NOV 02 1990

Par Value
or statement that
shares are without
par value

No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
2000	Common

Series

SECY OF STATE

Par Value
or statement that
shares are without
par value

No par value

Dated February 12, 1990

OCEAN STATE HEARING AID CENTER, INC.

(Name of Corporation)

By Anthony B. Lancia

(Report must be signed by an officer)

Title President



State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
CORPORATIONS DIVISION
100 North Main St.
PROVIDENCE, RHODE ISLAND 02903

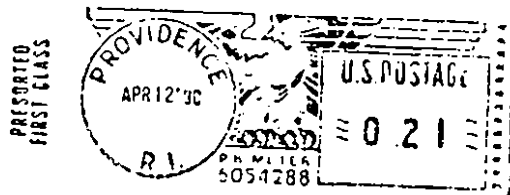
Kathleen S. Connell
Secretary of State

RE: *Ocean State Hearing Aid Center, Inc.*
CORPORATE ID: *19016*

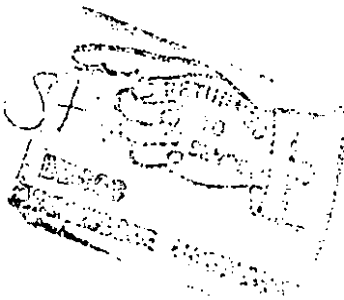
Dear Sir/Madam:

- (X) Report returned as FILING FEE of \$^{50.00}~~25.00~~ did not accompany same.
- () Report & check returned as REPORT not signed BY OFFICER.
- () Report & check returned as ADDRESSES OF OFFICERS requi
- () Check returned as REPORT was not enclosed.
- () Check returned for S E. Report enclosed.

Secretary of State
CORPORATIONS DIVISION
100 NORTH STREET
PROVIDENCE, RHODE ISLAND 02903



John H. Hines
42 Weybosset St.
Providence, R.I.



State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903Corporate ID 0019015Annual Report for the year 1989FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INC.SECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is hearing aid centerFOURTH: If foreign corporation, address of its principal office N/AFIFTH: Business address in Rhode Island 150 Washington Street, Providence, RI

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANTHONY B. LANCIA	Director	88 SMITH AVENUE, GREENVILLE, RI 02828
	Director	
	Director	
ANTHONY B. LANCIA	President	88 SMITH AVENUE, GREENVILLE, RI 02828
CARMEL LANCIA	1st VICE PRES.	" " "
ANTHONY M. LANCIA	2nd Vice President	" " "
DONNA M. LANCIA	EXEC VICE PRES.	" " "
MICHAEL S. LANCIA	Secretary	" " "
RICHARD J. LANCIA	Treasurer	" " "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common		No Par Value

PAID

MAR 29 1989

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	Common		No Par Value

SEAL OF STATE

Dated February 17, 1989 19OCEAN STATE HEARING AID CENTER, INC.
(Name of Corporation)By Anthony LanciaTitle PRESIDENT

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19016 Annual Report for the year 1988

FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is hearing aid center

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 150 Washington St., Providence, RI

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

ANTHONY B. LANCIA

Director

88 Smith Avenue, Smithfield, RI 02828

Director

Director

ANTHONY B. LANCIA

President

RICHARD J. LANCIA

2nd Vice President

CARMEL M. LANCIA

Vice President

ANTHONY B. LANCIA

Secretary

DONNA M. LANCIA

Treasurer

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2000

Common

No par value

PAID

EIGHTH: Number of Shares issued:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

2000

Common

No par value

24 1988

SECY. OF STATE

Dated February 15, 1988

OCEAN STATE HEARING AID CENTER, INC.

(Name of Corporation)

By Anthony Lancia pres.

Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID.....19016..... Annual Report for the year1987.....

FIRST: The name of the corporation is.....OCEAN STATE HEARING AID CENTER, INC.....

SECOND: It is incorporated under the laws of.....Rhode Island.....

THIRD: Character of business, briefly stated, is.....hearing aid center.....

FOURTH: If foreign corporation, address of its principal office.....N/A.....

FIFTH: Business address in Rhode Island.....150 Washington St., Providence, RI.....

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANTHONY B. LANCIA	Director	88 Smith Avenue, Smithfield, RI 02828
	Director	
	Director	
ANTHONY B. LANCIA	President	" "
CARMEL M. LANCIA	Vice President	" "
ANTHONY B. LANCIA	Secretary	" "
RICHARD J. LANCIA	Treasurer	" "
DONNA LANCIA	ASSIS. TREASURER	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class
2000	Common

Series

Par Value
or statement that
shares are without
par value
JUN 02 1987
No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class
2000	Common

Series

PAID
MAR 09 1987
SECY. OF STATE

Par Value
or statement that
shares are without
par value
No par value

Dated February 16, 1987

OCEAN STATE HEARING AID CENTER, INC.
(Name of Corporation)

By, *Anthony Lancia*

Title President

(Report must be signed by an officer)

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903Corporate ID 19016 Annual Report for the year 1986FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INCSECOND: It is incorporated under the laws of Rhode IslandTHIRD: Character of business, briefly stated, is hearing aid center.FOURTH: If foreign corporation, address of its principal office N/A150 Washington StreetFIFTH: Business address in Rhode Island ~~XOX XXXXXXXXXX~~, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANTHONY B. LANCIA	Director	88 Smith Ave., Smithfield, RI 02828
	Director	
	Director	
ANTHONY B. LANCIA	President	" "
CARMEL M. LANCIA	Vice President	" "
ANTHONY B. LANCIA	Secretary	" "
RICHARD J. LANCIA	Treasurer	" "
DONNA LANCIA	ASSIST. TREAS.	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common		No par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common		No par value

Dated February 17 19 86OCEAN STATE HEARING AID CENTER, INC.

(Name of Corporation)

By Anthony LanciaTitle President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 19016

Annual Report for the year 1985

FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Hearing aid center.

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island 150 Washington Street Providence, R. I.
~~XX~~

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
ANTHONY B. LANCIA	Director	88 Smith Avenue, Smithfield, RI 02828
	Director	
	Director	
ANTHONY B. LANCIA	President	" "
CARMEL LANCIA	Vice President	" "
RICHARD LANCIA - 2nd V.P.		" "
ANTHONY M. LANCIA	Secretary	" "
DONNA LANCIA	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common		No Par Value

Dated March 1, 1985

OCEAN STATE HEARING AID CENTER, INC.
(Name of Corporation)

By Anthony Lancia

Title PRESIDENT

(Report must be signed by an officer)

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1984

FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is Hearing Aid Center.

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

42 WEYBOSSET Street, Providence, Rhode Island

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
ANTHONY B. LANCIA	Director	88 Smith Avenue, Greenville, RI
	Director	
	Director	
ANTHONY B. LANCIA	President	"
CARMEL LANCIA	Vice President	"
ANTHONY M. LANCIA	Secretary	"
DONNA LANCIA	Treasurer	"

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common		No Par Value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2000	Common	3	No Par Value

Dated: March 1, 1984

OCEAN STATE HEARING AID CENTER, INC.
(Name of Corporation)

By *Anthony Lancia*

Title: President

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1983

FIRST: The name of the corporation is OCEAN STATE HEARING AID
CENTER, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is HEARING AID CENTER

FOURTH: If foreign corporation, address of its principal office
N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this
address) 42 WEYBOSSET STREET, PROVIDENCE, RHODE ISLAND 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
ANTHONY B. LANCIA	Director	88 SMITH AVENUE, GREENVILLE, R.I.
	Director	
	Director	
ANTHONY B. LANCIA	President	"
CARMEL LANCIA	Vice President	"
ANTHONY M. LANCIA	Secretary	"
DONNA LANCIA	Treasurer	"

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	COMMON		NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	COMMON		NO PAR VALUE

Dated: FEBRUARY 18, 1983

OCEAN STATE HEARING AID CENTER, INC.

(Name of Corporation)

By *Anthony B. Lancia*
Title PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE

Annual Report for the year 1982

FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: Character of business, briefly stated, is HEARING AID CENTER

FOURTH: If foreign corporation, address of its principal office N/A

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 42 WEYBOSSET STREET, PROVIDENCE, RHODE ISLAND 02903

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
ANTHONY B. LANCIA	Director	88 SMITH AVE., GREENVILLE, RI
	Director	
	Director	
ANTHONY B. LANCIA	President	SEE ABOVE
GARMEL LANCIA	Vice President	88 SMITH AVE., GREENVILLE, RI
ANTHONY M. LANCIA	Secretary	" "
DOMINA LANCIA	Treasurer	" "

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	COMMON		NO PAR VALUE

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
2,000	COMMON		NO PAR VALUE

Dated: February 3, 19 82

APR 14 1982
OCEAN STATE HEARING AID CENTER, INC.
(Name of Corporation)

By *Anthony B. Lancia*
Title PRESIDENT

(Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent,
Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
1981
ANNUAL REPORT
OF

OCEAN STATE HEARING AID CENTER, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is 42 WEYBOSSET STREET, PROVIDENCE, RHODE ISLAND

and the name of its registered agent in Rhode Island at such address is JOHN H. HINES, JR., ESQ.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is HEARING AID CENTER

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
ANTHONY B. LANCIA	Director	88 SMITH AVE., GREENVILLE, RI
	Director	
	Director	
	Director	
	Director	
	Director	
ANTHONY B. LANCIA	President	SEE ABOVE
CARMEL LANCIA	Vice President	88 SMITH AVE., GREENVILLE, RI
CARMEL LANCIA	Secretary	"
DONKA LANCIA	Treasurer	"

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2,000	2 - 2 COMMON		NO PAR VALUE

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1,000	COMMON		NO PAR VALUE

Dated *January 27, 1981*

OCEAN STATE HEARING AID CENTER, INC.

(NAME OF CORPORATION)

By *Anthony B. Lancia*
Its President

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

OCEAN STATE HEARING AID CENTER, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is

OCEAN STATE HEARING AID CENTER, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is

42 WEYBOSSET STREET, PROVIDENCE, RHODE ISLAND 02902

and the name of its registered agent in Rhode Island at such address is

JOHN H. HINES, JR., ESQ.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is HEARING AID CENTER

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
ANTHONY B. LANCIA	Director	88 SMITH AVENUE, GREENVILLE, R.I.
	Director	
	Director	
	Director	
	Director	
	Director	
ANTHONY B. LANCIA	President	88 SMITH AVENUE, GREENVILLE, R.I.
CARMEL LANCIA	Vice President	88 SMITH AVENUE, GREENVILLE, R.I.
CARMEL LANCIA	Secretary	88 SMITH AVENUE, GREENVILLE, R.I.
DONNA LANCIA	Treasurer	88 SMITH AVENUE, GREENVILLE, R.I.

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2,000	common	3 10 80	no par value

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[Signature]

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1,000	COMMON		NO PAR VALUE

Dated FEBRUARY 22, 1980

OCEAN STATE HEARING AID CENTER, INC.

(NAME OF CORPORATION)

By

Anthony Lancia
Its PRESIDENT

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

ANNUAL REPORT

OF

OCEAN STATE HEARING AID CENTER, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is
72 SOUTH MAIN STREET, PROVIDENCE, RI 02903

and the name of its registered agent in Rhode Island at such address is
JOHN H. HINES, JR.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is HEARING AID CENTER

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
ANTHONY B. LANCIA	Director	88 SMITH AVENUE, SMITHFIELD, RI
	Director	
	Director	
	Director	
	Director	
	Director	
ANTHONY B. LANCIA	President	88 SMITH AVENUE, SMITHFIELD, RI
CARMEL M. LANCIA	Vice President	88 SMITH AVENUE, SMITHFIELD, RI
CARMEL M. LANCIA	Secretary	88 SMITH AVENUE, SMITHFIELD, RI
DONNA M. LANCIA	Treasurer	88 SMITH AVENUE, SMITHFIELD, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2,000	COMMON	8 2 79	NO PAR VALUE

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1,000	COMMON		NO PAR VALUE

Dated JULY , 19 79 OCEAN STATE HEARING AID CENTER, INC.

(NAME OF CORPORATION)

By

Anthony Lancia

Its PRESIDENT

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations
OFFICE OF THE SECRETARY OF STATE
1978
ANNUAL REPORT
OF

OCEAN STATE HEARING AID CENTER, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is **OCEAN STATE HEARING AID CENTER, INC.**

SECOND: It is incorporated under the laws of **RHODE ISLAND**

THIRD: The address of its registered office in Rhode Island is
72 SOUTH MAIN STREET, PROVIDENCE, RI 02903
and the name of its registered agent in Rhode Island at such address is
JOHN H. HINES, JR.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is **N/A**

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is **HEARING AID CENTER**

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
ANTHONY B. LANCIA	Director	88 SMITH AVENUE, SMITHFIELD, RI
	Director	
	Director	
	Director	
	Director	
	Director	
ANTHONY B. LANCIA	President	88 SMITH AVENUE, SMITHFIELD, RI
CARMEL M. LANCIA	Vice President	88 SMITH AVENUE, SMITHFIELD, RI
EILEEN LANCIA	Secretary	88 SMITH AVENUE, SMITHFIELD, RI
CARMEL M. LANCIA	Treasurer	88 SMITH AVENUE, SMITHFIELD, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2,000	COMMON		NO PAR VALUE

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1,000	COMMON		NO PAR VALUE

Dated May 18 , 19 78

OCEAN STATE HEARING AID CENTER, INC.
(NAME OF CORPORATION)

By

Anthony C. Jones
Its President

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

**1977
ANNUAL REPORT**

OF

OCEAN STATE HEARING AID CENTER, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is **OCEAN STATE HEARING AID CENTER, INC.**

SECOND: It is incorporated under the laws of **RHODE ISLAND**

THIRD: The address of its registered office in Rhode Island is
72 SOUTH MAIN STREET, PROVIDENCE, RI 02903

and the name of its registered agent in Rhode Island at such address is
JOHN H. HINES, JR.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is **N/A**

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is **HEARING AID CENTER**

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
ANTHONY B. LANCIA	Director	88 SMITH AVENUE, SMITHFIELD, RI
	Director	
	Director	
	Director	
	Director	
	Director	
ANTHONY B. LANCIA	President	88 SMITH AVENUE, SMITHFIELD, RI
CARMEL M. LANCIA	Vice President	88 SMITH AVENUE, SMITHFIELD, RI
EILEEN LANCIA	Secretary	88 SMITH AVENUE, SMITHFIELD, RI
CARMEL M. LANCIA	Treasurer	88 SMITH AVENUE, SMITHFIELD, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2,000	COMMON		NO PAR VALUE

MAK 7 1978

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EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1,000	COMMON		NO PAR VALUE

Dated MAY 18 , 19 78

OCEAN STATE HEARING AID CENTER, INC.
(NAME OF CORPORATION)

By *Anthony B. Lancia*
Its President

Filing fee: \$15.00

To be filed annually
between January 1st and March 1st

State of Rhode Island and Providence Plantations

OFFICE OF THE SECRETARY OF STATE

1976
ANNUAL REPORT

OF

OCEAN STATE HEARING AID CENTER, INC.

Pursuant to the provisions of Section 7.1.1-118 of the General Laws, 1956, as amended, the undersigned corporation hereby submits the following annual report:

FIRST: The name of the corporation is OCEAN STATE HEARING AID CENTER, INC.

SECOND: It is incorporated under the laws of RHODE ISLAND

THIRD: The address of its registered office in Rhode Island is 72 SOUTH MAIN STREET, PROVIDENCE, RI 02903
and the name of its registered agent in Rhode Island at such address is JOHN H. HINES, JR.

FOURTH: If a foreign corporation, the address of its principal office in the state or country under the laws of which it is incorporated is N/A

FIFTH: The character of the business in which it is actually engaged in Rhode Island, briefly stated, is HEARING AIR CENTER

SIXTH: The names and respective addresses of its directors and officers are:

Name	Office	Address
ANTHONY B. LANCIA	Director	88 SMITH AVENUE, SMITHFIELD, RI
	Director	
	Director	
	Director	
	Director	
	Director	
ANTHONY B. LANCIA	President	88 SMITH AVENUE, SMITHFIELD, RI
CARMEL M. LANCIA	Vice President	88 SMITH AVENUE, SMITHFIELD, RI
EILEEN LANCIA	Secretary	88 SMITH AVENUE, SMITHFIELD, RI
CARMEL M. LANCIA	Treasurer	88 SMITH AVENUE, SMITHFIELD, RI

SEVENTH: The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

Number of Shares	Class	Series	Par Value per Share or Statement that Shares are without Par Value
2,000	COMMON	11 28 78	NO PAR VALUE
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MAR 7 1978

EIGHTH: The aggregate number of its issued shares, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

<u>Number of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value per Share or Statement that Shares are without Par Value</u>
1,000	COMMON		NO PAR VALUE

Dated MAY 18 , 1978

OCEAN STATE HEARING AID CENTER, INC.
(NAME OF CORPORATION)

By

Anthony B. Lencina
Its president