



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 5/31/05

Check No. 10377

By: OW

FC 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 3-1-05
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"/>				
AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>	
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: B

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 _____
Print or Type Name of Officer Michael Lancia
Title of Officer President



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. Providence RI 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 State Zip Wakefield RI 02879	City State Zip Same
Secretary Name Lisa Lancia	Treasurer Name Lisa Lancia
Street Address 229 Day Lily Circle	Street Address Same
City State Zip Wakefield RI 02879	City State Zip Same

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 State Zip Wakefield RI 02879	City State Zip N/A
Director Name N/A	Director Name N/A
Street Address N/A	Street Address N/A
City State Zip N/A	City State Zip N/A

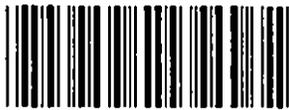
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

ISSUED 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: **MLP**

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



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

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

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

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

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

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

ISSUED 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.: **8887**
By: **MS**

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: **1-20-02**
Print or Type Name of Officer: **Michael Lancia**
Title of Officer: **Pres**



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 City State Zip
130 Waterman ST **Providence** **RI** **02906**
 4. Business Phone No. 5. State of Incorporation 6. SIC Code
401-521-2580 **RHODE ISLAND** **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 Michellina Aime
Street Address 229 Day Lily Circle	Street Address
City State Zip Wakefield RI 02879	City State Zip

Secretary Name Lisa Lancia	Treasurer Name Lisa Lancia Same
Street Address 229 Day Lily Circle	Street Address
City State Zip Wakefield RI 02879	City State Zip

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 n/a	Street Address n/a
City State Zip	City State Zip

Director Name none	Director Name none
Street Address n/a	Street Address n/a
City State Zip	City State Zip

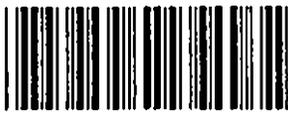
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

ISSUED 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: 2/22
 Check No.: 8410
 By: [Signature]

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] 1-27-01
 Signature of Officer Date

Michael Lancia
 Print or Type Name of Officer

President
 Title of Officer



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 **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) 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	City	Same
State	RI	State	Same
Zip	02879	Zip	Same
Secretary Name	Lisa Lancia	Treasurer Name	Lisa Lancia
Street Address	229 Day Lily Circle	Street Address	Same
City	Wakefield	City	Same
State	RI	State	Same
Zip	02879	Zip	Same

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		Street Address	
City		City	
State		State	
Zip		Zip	
Director Name	None	Director Name	None
Street Address		Street Address	
City		City	
State		State	
Zip		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



* 19016 *

File Date: 2/1/00
Check No.: 7941
By: cu

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: _____
Print or Type Name of Officer: Michael Lancia
Title of Officer: President



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 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 Michael Lancia Street Address 99 Pine Swamp Road City State Zip Cumberland RI 02864	Vice President Name Michael Lancia Street Address 99 Pine Swamp Road City State Zip Cumberland RI 02864
Secretary Name Lisa Lancia Street Address 99 Pine Swamp Road City State Zip Cumberland RI 02864	Treasurer Name Lisa Lancia Street Address 99 Pine Swamp Road City State Zip Cumberland RI 02864

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

Director Name None Street Address None City State Zip	Director Name None Street Address None City State Zip
---	---

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

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

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

ISSUED SHARES	Class/Series	Par Value
150	Common	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]

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



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. **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 Lancia Street Address 99 Pine Swamp Rd City Cumberland State RI Zip 02864	Vice President Name Michael lancia Street Address Same City Same State RI Zip 02864
Secretary Name Lisa Lancia Street Address 99 Pine Swamp RD City Cumberland State RI Zip 02864	Treasurer Name Lisa Lancia Street Address Same City Same State RI Zip 02864

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

Director Name None Street Address None City None State None Zip None	Director Name None Street Address None City None State None Zip None
Director Name None Street Address None City None State None Zip None	Director Name None Street Address None City None State None Zip None

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: CMA

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: 3-1-98
Print or Type Name of Officer: Michael Lancia
Title of Officer: President



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 113 Pine Swamp RD	Street Address Same
City Cumberland	City Same
State RI	State Same
Zip 02364	Zip Same
Secretary Name Lisa Lancia	Treasurer Name Lisa Lancia
Street Address 99 Pine Swamp RD	Street Address Same
City Cumberland	City Same
State RI	State Same
Zip 02854	Zip Same

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

Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip
Director Name None	Director Name None
Street Address	Street Address
City	City
State	State
Zip	Zip

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

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



File Date: 3/18/97
Check No.: 180437
By: MLD

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 S. Lancia
Signature of Officer 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. 19016
2. NAME OF CORPORATION OCEAN STATE HEARING AID CENTER, INC.
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 130 Waterman Street Providence, RI 02906
4. BUSINESS PHONE NO. 401 521 2801
5. STATE OF INCORPORATION RHODE ISLAND
6. SIC CODE 9886

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

8. NAMES AND ADDRESSES OF THE OFFICERS

PRESIDENT NAME Michael S. Lancia	VICE PRESIDENT NAME Carmel M. Lancia
STREET ADDRESS 99 Pine Swamp Road	STREET ADDRESS 88 Smith Ave. Greenville, RI 02828
CITY STATE ZIP CODE Cumberland RI 02814	CITY STATE ZIP CODE Greenville RI 02828
SECRETARY NAME Richard Lancia	TREASURER NAME Carmel M. Lancia
STREET ADDRESS 22 Goldmine Road	STREET ADDRESS 88 Smith Ave.
CITY STATE ZIP CODE Glocester, RI 02814	CITY STATE ZIP CODE Greenville RI 02828

9. NAMES AND ADDRESSES OF THE DIRECTORS

DIRECTOR NAME XXXXXXXXXXXXXXXXXXXX	DIRECTOR NAME Anthony Lancia
STREET ADDRESS XXXXXXXXXXXXXXXXXXXX	STREET ADDRESS 88 Smith Ave.
CITY STATE ZIP CODE Cumberland RI 02814	CITY STATE ZIP CODE Greenville RI 02828
DIRECTOR NAME	DIRECTOR NAME
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP CODE	CITY STATE ZIP CODE

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
By: *[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.



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 Street
 Providence, RI 02906

The 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 Michael S. Lancia	72 Holly Street	So. Attleboro, MA	02703
VICE PRESIDENT Carmel M. Lancia	22 Rocky Road	Gilford, NH	03246
SECRETARY Richard Lancia	22 Gold Mine Road	Glocester, RI	
TREASURER Carmel Lancia	22 Rocky Road	Gilford, NH	03246

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Anthony Lancia	22 Rocky Road	Gilford, NH	03246
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 ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 2000 Class / Series Common

Number of Shares Class / Series

Date Feb. 28, 1995

By: 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 0 1 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 [REDACTED]

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

[REDACTED]

Phone: 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: 1/30/09

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

THE NAMES OF THE DIRECTORS ARE:

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

NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER <u>2,000</u>	NUMBER
CLASS <u>Common</u>	CLASS
SERIES <u>[REDACTED]</u>	SERIES
PAR VALUE OR WITHOUT PAR <u>No Par Value</u>	PAR VALUE OR WITHOUT PAR

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

Anthony Lancia

PRINT OR TYPE NAME OF OFFICER SIGNING

Anthony Lancia
SIGNATURE OF OFFICER SIGNING

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

MAR 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 001901E 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
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	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 3, 19 93

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

76539
PAID
APR 02 1992
SECY OF STATE

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 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

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. I. 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	Class	Series	Par Value or statement that shares are without par value
2000			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

PAID
FEB 8 1991
SECY OF STATE

Dated February 5 19 91

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
 OFFICE OF THE SECRETARY OF STATE
 CORPORATIONS DIVISION
 100 North Main St.
 PROVIDENCE, RHODE ISLAND 02903

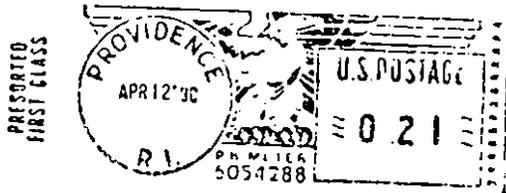
Kathleen S. Connell
 Secretary of State

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

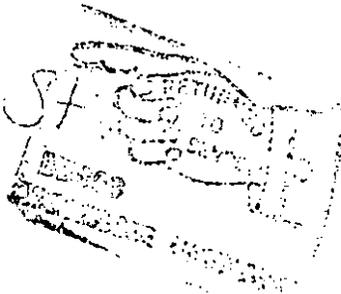
Dear Sir/Madam:

- (X) Report returned as FILING FEE of \$~~15.00~~^{50.00} 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 MAIN 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 02903

Corporate ID 0019015 Annual Report for the year 1989

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, 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 19

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

CORPORATIONS DIVISION
270 WESTMINSTER MALL
PROVIDENCE, RHODE ISLAND 02903

217

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, 19 88

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 year.....1987.....

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	Series
2000	Common	

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	Series
2000	Common	

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)

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 1986

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

150 Washington Street

FIFTH: Business address in Rhode Island ~~XOX XXXXXXXXXXXXXXX~~, 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

APR 15 1986

Dated February 17 19 86

OCEAN STATE HEARING AID CENTER, INC.

(Name of Corporation)

SA

APR 25 1986

By *Anthony Lancia*

(Report must be signed by an officer)

Title 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 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	"
DONKA 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		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)

MAR 27 1984 *ler*

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)

2052A14... 11008

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) 42WEYBOSSET 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	88SMITH AVE., GREENVILLE, RI
	Director	
	Director	
ANTHONY B. LANCIA	President	SEE ABOVE
GARREL LANCIA	Vice President	88SMITH 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. *DX*

(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. LANGCIA	Director	88 SMITH AVE., GREENVILLE, RI
	Director	
ANTHONY B. LANGCIA	President	SEE ABOVE
CARMEL LANGCIA	Vice President	88 SMITH AVE., GREENVILLE, RI
CARMEL LANGCIA	Secretary	"
DONKA LANGCIA	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

5899A14000150081

FEB 2 1981
[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 *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
1980
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	
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

4547A14...150081

MAR 0 1980

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	
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 70	NO PAR VALUE

3288A14...15008L

AUG 1 1979

M

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

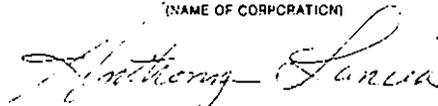
Dated JULY

, 19 79

OCEAN STATE HEARING AID CENTER, INC.

(NAME OF CORPORATION)

By



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	
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

88
78
.....1500
7164A14.....15008L

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, 19 78

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

By

Anthony C. Janice
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	
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

78
.....09.....1500
7165A14.....1500BL

at AN 8 3/5

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	
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
		7166A1400015008L09.....1500

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. Lancia

Its **President**