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State of Rhode Island and Providence Plantations
Department of State - Business Services Division

FILED
DEC 31 2018
BY aoc 21221

Annual Report for the year: 2019
Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
84309	GEORGE D. BERTHERMAN, O.D., INC.		
3. Principal Office Address	City	State	Zip
1466 Broad Street	Providence	RI	02905
4. NAICS Code: 621320	6. Brief description of the character of business conducted in Rhode Island: To operate an Optometrist's office		
5. State of Incorporation: Rhode Island			

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

President Name: George Bertherman			Vice-President Name: George Bertherman		
Street Address: 1466 Broad Street			Street Address: 1466 Broad Street		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02905
Secretary Name: George Bertherman			Treasurer Name: George Bertherman		
Street Address: 1466 Broad Street			Street Address: 1466 Broad Street		
City: Providence	State: RI	Zip: 02905	City: Providence	State: RI	Zip: 02905

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

Director Name: George Bertherman			Director Name		
Street Address: 1466 Broad Street			Street Address		
City: Providence	State: RI	Zip: 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Name of Authorized Representative: George Bertherman

Date: 12/21/18

Signature of Authorized Representative: SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017