RI SOS Filing Number: 201988876650 Date: 3/18/2019 4:00:00 PM

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

FILED
MAR 18 2019 AMP
BY 7436 DS

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			
504653	**Dr. David G. Wright, Inc.**			
3. Principal Office Address: **6500 Post Road**	City: **North Kingstown**	State: **RI**	Zip: **02852**	
4. NAICS Code: **621320** **62 - Health Care and Social Ass**	6. Brief description of the character of business conducted in Rhode Island: **Professional Service Corporation, eye examinations and eye care**			
5. State of Incorporation: **Rhode Island**				

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

President Name: **David G. Wright**			Vice-President Name:		
Street Address: **106 Martingale Drive**			Street Address:		
City: **Warwick**	State: **RI**	Zip: **02886**	City:	State:	Zip:
Secretary Name: **David G. Wright**			Treasurer Name: **David G. Wright**		
Street Address: **106 Martingale Drive**			Street Address: **106 Martingale Drive**		
City: **Warwick**	State: **RI**	Zip: **02886**	City: **Warwick**	State: **RI**	Zip: **02886**

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

Director Name: **David G. Wright**			Director Name: **Nora H. Wright**		
Street Address: **106 Martingale Drive**			Street Address: **106 Martingale Drive**		
City: **Warwick**	State: **RI**	Zip: **02886**	City: **Warwick**	State: **RI**	Zip: **02886**
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
500	**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: **David G. Wright**

Date: 3-1-19

Signature of Authorized Representative: X [signature] 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: 10/2016