



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

FILED

MAR 18 2019

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.

BY 7436 DS

1. Entity ID Number 504653		2. Exact name of the Corporation Dr. David G. Wright, Inc.	
3. Principal Office Address 6500 Post Road		City North Kingstown	State RI
		Zip 02852	
4. NAICS Code <u>U21320</u> 62 - Health Care and Social As	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 <input type="checkbox"/>			
President Name David G. Wright		Vice-President Name	
Street Address 106 Martingale Drive		Street Address	
City Warwick	State RI	Zip 02886	
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	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
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	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State.			
Changes require an additional filing.			
10. Shares Issued		CLASS/SERIES	
NUMBER OF SHARES		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 			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