



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 117922		2. Name of Corporation Joseph A. Boivin, O.D., Ltd.			
3. Street Address Principal Business Office 1820 Main Road			City Tiverton	State RI	Zip 02878
4. Business Phone No. 401-624-6672		5. State of Incorporation RHODE ISLAND			6. SIC Code 9290
7. Brief Description of the Character of Business Conducted in Rhode Island OPTOMETRY SERVICES AND RETAIL SALE OF EYEWEAR AND ACCESSORIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Boivin			Vice President Name Joseph A. Boivin		
Street Address 1820 Main Road			Street Address 1820 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Joseph A. Boivin			Treasurer Name Joseph A. Boivin		
Street Address 1820 Main Road			Street Address 1820 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph A. Boivin			Director Name None		
Street Address 1820 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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	Par Value
4,000 NO PAR VALUE			100	Common	No Par Value

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



File Date 2-10-05
Check No. 3841
By: KAB
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.
Joseph A. Boivin + 2/4/05
Signature of Officer Date
Joseph A. Boivin
Print or Type Name of Officer
President
Title of Officer



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7. Brief Description of the Character of Business Conducted in Rhode Island OPTOMETRY SERVICES AND RETAIL SALE OF EYEWEAR AND ACCESSORIES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Joseph A. Boivin			Vice President Name Joseph A. Boivin		
Street Address 1820 Main Road			Street Address 1820 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Joseph A. Boivin			Treasurer Name Joseph A. Boivin		
Street Address 1820 Main Road			Street Address 1820 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Joseph A. Boivin			Director Name None		
Street Address 1820 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
4,000 NO PAR VALUE			100	Common	No Par Value
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value

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



* 1 1 7 9 2 2 *

File Date 3/15/04
Check No. 2537
By: SC
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.

Joseph A. Boivin 3/1/04
Signature of Officer Date

Joseph A. Boivin
Print or Type Name of Officer

President
Title of Officer



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. **117922** 2. Name of Corporation **Joseph A. Boivin, O.D., Ltd.**

3. Street Address Principal Business Office **1820 Main Road** City **Tiverton** State **RI** Zip **02878**

4. Business Phone No. **401-624-6672** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9290**

7. Brief Description of the Character of Business Conducted in Rhode Island
Optometry services and retail sales of eyewear and accessories.

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

President Name Joseph A. Boivin	Vice President Name Joseph A. Boivin
Street Address 1820 Main Road	Street Address 1820 Main Road
City Tiverton State RI Zip 02878	City Tiverton State RI Zip 02878

Secretary Name Joseph A. Boivin	Treasurer Name Joseph A. Boivin
Street Address 1820 Main Road	Street Address 1820 Main Road
City Tiverton State RI Zip 02878	City Tiverton State RI Zip 02878

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

Director Name Joseph A. Boivin	Director Name None
Street Address 1820 Main Road	Street Address
City Tiverton State RI Zip 02878	City State Zip
Director Name None	Director Name None
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
4,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	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 1 7 9 2 2 *

File Date: 2-18-03
Check No.: 3117
By: ICP

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: Joseph A. Boivin Date: 2/12/03
Print or Type Name of Officer: **Joseph A. Boivin**
Title of Officer: **President**



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. **117922** 2. Name of Corporation **Joseph A. Boivin, O.D., Ltd.**
3. Street Address Principal Business Office **1820 Main Road** City **Tiverton** State **RI** Zip **02878**
4. Business Phone No. **401-624-6672** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9290**
7. Brief Description of the Character of Business Conducted in Rhode Island

Optometry services and retail sales of eyewear and accessories.

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

President Name			Vice President Name		
Joseph A. Boivin			Joseph A. Boivin		
Street Address			Street Address		
1820 Main Road			1820 Main Road		
City	State	Zip	City	State	Zip
Tiverton	RI	02878	Tiverton	RI	02878
Secretary Name			Treasurer Name		
Joseph A. Boivin			Joseph A. Boivin		
Street Address			Street Address		
1820 Main Road			1820 Main Road		
City	State	Zip	City	State	Zip
Tiverton	RI	02878	Tiverton	RI	02878

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

Director Name			Director Name		
Joseph A. Boivin			NONE		
Street Address			Street Address		
1820 Main Road					
City	State	Zip	City	State	Zip
Tiverton	RI	02878			
Director Name			Director Name		
NONE			NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
4,000 NO PAR VALUE		

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

ISSUED SHARES	Class/Series	Par Value
100	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 1 7 9 2 2 *

File Date: 3-7-02
Check No.: 2805
By: Kmc

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.

Joseph Boivin O.D. 3/5/02
Signature of Officer Date

Joseph A. Boivin
Print or Type Name of Officer

President
Title of Officer