



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401.722.3040

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. 130327		2. Name of Corporation Westminster Eyecare Associates, Inc.			
3. Street Address Principal Business Office 891 WESTMINSTER STREET			City PROVIDENCE	State RI	Zip 02903-
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island TO CARRY ON THE BUSINESS OF AN OPTOMETRIST. TO MANUFACTURE, ASSEMBLE, BUY AND SELL SPECTACLES, MONOCLES AND EYEGLASSES					
8. NAMES AND ADDRESSES OF THE OFFICERS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott A. Colonna		Vice President Name John E. Orlando			
Street Address 891 Westminster Street		Street Address 891 Westminster Street			
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Scott A. Colonna		Treasurer Name John E. Orlando			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Scott A. Colonna		Director Name John E. Orlando			
Street Address same as above		Street Address same as above			
City	State	Zip	City	State	Zip
Director Name Barney R. Birchfield		Director Name			
Street Address 891 Westminster Street		Street Address			
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (SEE BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (SEE 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	COMM NO PAR VALUE		300	Common	No Par

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



1 3 0 3 2 7

130327 DBC 02/09/05 01:55:27 PM

File Date 2-18-05

Check No. 2139

By: KB

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.

Scott A. Colonna 2/10/05
Signature of Officer Date
Scott A. Colonna
Print or Type Name of Officer
President
Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1535
401 222 3646

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. 130327		2. Name of Corporation Westminster Eyecare Associates, Inc.			
3. Street Address, Principal Business Office 891 Westminster Street			City Providence	State RI	Zip 02903
4. Business Month No.		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Corporation's Business Conducted in Rhode Island TO CARRY ON THE BUSINESS OF AN OPTOMETRIST. TO MANUFACTURE, ASSEMBLE, BUY AND SELL SPECTACLES, MONOCLES AND EYEGLASSES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Scott A. Colonna			Vice President Name John E. Orlando		
Street Address 891 Westminster Street			Street Address 891 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
Secretary Name Scott A. Colonna			Treasurer Name John E. Orlando		
Street Address 891 Westminster Street			Street Address 891 Westminster Street		
City Providence	State RI	Zip 02903	City Providence	State RI	Zip 02903
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Scott A. Colonna			Director Name John E. Orlando		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
Director Name			Director Name		
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 COMM NO PAR VALUE			200 300	Common	No Par

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



* 1 3 0 3 2 7 *

File Date 2/26/04
Check No 1482
By US
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.

Scott A. Colonna 2/10/04
Signature of Officer Date
Scott A. Colonna
Print or Type Name of Officer
President
Title of Officer