

Filing Fee: \$150.00

ID Number: 130327



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335

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MAR 5 4 09 PM '03

FILED

BUSINESS CORPORATION

MAR 05 2003

0290314563

ARTICLES OF INCORPORATION  
(To Be Filed In Duplicate Original)

The undersigned acting as incorporator(s) of a corporation under Chapter 7-1.1 of the General Laws, 1956, as amended, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is Westminster Eyecare Associates, Inc.

(This is a close corporation pursuant to § 7-1.1-51 of the General Laws, 1956, as amended.) (Strike if inapplicable.)

2. The period of its duration is (if perpetual, so state) perpetual

3. The specific purpose or purposes for which the corporation is organized are:

See Exhibit A

4. The aggregate number of shares which the corporation shall have authority to issue is:

(a) If only one class: Total number of shares 2,000 (If the authorized shares are to consist of one class only state the par value of such shares or a statement that all of such shares are to be without par value.)

no par - common

(b) If more than one class: Total number of shares or (State (A) the number of shares of each class thereof that are to have a par value and the par value of each share of each such class, and/or (B) the number of such shares that are to be without par value and (C) a statement of all or any of the designations and the powers, preferences and rights, including voting rights, and the qualifications, limitations or restrictions thereof, which are permitted by the provisions of Chapter 7-1.1 of the General Laws, 1956, as amended, in respect of any class or classes of stock of the corporation and the fixing of which by the articles of association is desired, and an express grant of such authority as it may then be desired to grant to the board of directors to fix by vote or votes any thereof that may be desired but which shall not be fixed by the articles.)

5. Provisions, if any, dealing with the preemptive right of shareholders pursuant to § 7-1.1-24 of the General Laws, 1956, as amended:

6. Provisions, if any, for the regulation of the internal affairs of the corporation:

\_\_\_\_\_

7. The address of the initial registered office of the corporation is One Ship Street  
(Street Address, not P.O. Box)  
Providence RI 02903 and the name of its initial registered agent:  
at such address is Marc A. Greenfield  
(City/Town) (Zip Code)  
(Name of Agent)

8. The number of directors constituting the initial board of directors of the corporation is 1 and the names and addresses of the persons who are to serve as directors until the first annual meeting of shareholders or until their successors are elected and shall qualify are: (If this is a close corporation pursuant to Section 7-1-1.5 of the General Laws, 1956 as amended, and there shall be no board of directors, state the titles of the initial officers of the corporation and the names and addresses of the persons who are to serve as officers until the first annual meeting of shareholders or until their successors be elected and qualify.)

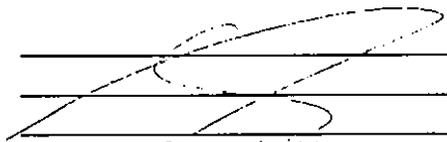
Title	Name	Address
	Marc A. Greenfield	One Ship Street, Providence, RI 02903
Dir	Scott A. Colonna	891 Westminister St. PROV RI
Dir	John E. Orlando	"

9. The name and address of each incorporator is:

Name	Address
Marc A. Greenfield	One Ship Street, Providence, RI 02903

10. Date when corporate existence is to begin upon filing  
(not prior to, nor more than 30 days after, the filing of these articles of incorporation)

Date: February 27, 2003

  
\_\_\_\_\_  
Signature of each Incorporator

STATE OF Rhode Island  
COUNTY OF Providence

In Providence on this 27th day of February, 2003, personally appeared before me Marc A. Greenfield each and all known to me and known by me to be the parties executing the foregoing instrument, and they severally acknowledged said instrument by them subscribed to be their free act and deed.

Stephen M. Lipton  
Notary Public  
My Commission Expires: 7/25/05  
Stephen M. Lipton

EXHIBIT "A"

To carry on the business of an optometrist. To manufacture, assemble, buy, and sell spectacles, monocles, and eyeglasses. To manufacture, purchase, and sell optical goods and glasses of every character and all articles and merchandise appertaining to such business and all other purposes for which one may incorporate under the Rhode Island Business Corporations Act.

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INTERSTATE  
INSURANCE  
GROUP

**CHICAGO INSURANCE COMPANY**  
Executive Offices  
55 E. MONROE STREET  
CHICAGO, ILLINOIS 60603

Client #  
543921

**MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY**

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	02/05/03	AHL-1272932	44-2010129

Offered through Allied Health Purchasing Group Association

**SECTION I**

**DECLARATIONS**

Item **CERTIFICATE NUMBER: AHL 1272932**

1. Named Insured: **SCOTT A. COLONNA**

2. Mailing Address: C/O **891 WESTMINSTER ST  
PROVIDENCE, RI 02903**

3. Policy Period: From: **04/16/2003** To: **04/16/2004**  
12:01 A.M. Standard Time At Location of Designated Premises

4. Business or Professional Affiliation: **AMN. OPTOMETRIC ASSOCIATION  
OPTOMETRIST  
EMPLOYED OPTOMETRIST**

5. The Named Insured is a(n):  Partnership  Corporation  Individual  
 Sole Proprietor (with employees)  Other:

This policy is made and accepted subject to the printed conditions of this policy together with the provisions, stipulations and agreements contained in the following form(s) or endorsements(s):  
PLE-2087(04/00), PLJ-2037(05/98), PON-2003, POE-2151(10/98), PLE-2252(5/00)

**SECTION II**

Item	COVERAGE	Premium
A.	Professional Liability <input checked="" type="checkbox"/>	\$355.00
B.	General Liability <input type="checkbox"/>	
	Endorsements <input type="checkbox"/>	
<b>TOTAL:</b>		<b>\$355.00</b>

**LIMITS OF LIABILITY**

\$ 1,000,000	each Incident and each Occurrence	\$ 3,000,000	Aggregate
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**SECTION III**

**SUPPLEMENTARY PAYMENTS**

- A. First Party Assault
- B. Licensing Board Reimbursement
- C. Wage Loss and Expense
- D. Deposition Expense
- E. First Aid Reimbursement

Representative Agent or Broker

MARSH Affinity Group Services  
a service of SEABURY & SMITH  
1440 RENAISSANCE DRIVE  
PARK RIDGE, IL 60068  
1-800-503-9230

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PLP-2037 (06/88)  
PLP-2337 (PRINT)

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**INTERSTATE  
INSURANCE  
GROUP**

**CHICAGO INSURANCE COMPANY**

Executive Offices  
56 E. MONROE STREET  
CHICAGO, ILLINOIS 60603

Client #  
**544854**

**MEDICAL PROFESSIONAL LIABILITY OCCURRENCE INSURANCE POLICY**

Region	Producer	Issued	Prior Certificate Number	Purchasing Group Policy Number
23	0001614	02/05/03	AHL-1274115	44-2010129

Offered through Allied Health Purchasing Group Association

**SECTION I**

**DECLARATIONS**

Item **CERTIFICATE NUMBER: AHL 1274115**

1. Named Insured: **JOHN E. ORMANDO**

2. Mailing Address: C/O **891 WESTMINSTER ST.  
PROVIDENCE, RI 02901**

3. Policy Period: From: **04/19/2003** To: **04/19/2004**  
\* 2:01 A.M. Standard Time At Location of Designated Premises

4. Business or Profession: Affiliation: **AMN. OPTOMETRIC ASSOCIATION  
OPTOMETRIST  
EMPLOYED OPTOMETRIST**

5. The Named Insured is a(n):  Partnership  Corporation  Individual  
 Sole Proprietor (with employees)  Other:

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