



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
401.222.3040

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)

Form with sections: 1. Corporate ID No (96133), 2. Name of Corporation (AMERICAN EYEGLASS CENTER, INC.), 3. Street Address Principal Business Office (1365 HARTFORD AV. JOHNSTON R.I. 02919), 4. Business Phone No (401 521 0102), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (3921), 7. Brief Description of the Character of Business Conducted in Rhode Island (RETAIL, WHOLESALE SALES AND DISTRIBUTION OF EYEGLASS FRAMES, LENSES, CARRYING CASES, REPAIR KITS, CLEANING KITS AND ANY OTHER ASSOCIATED ITEMS), 8. NAMES AND ADDRESSES OF THE OFFICERS (President: AURELIO QUAGLIERI, Vice President: J. M. B., Secretary: J. M. B., Treasurer: J. M. B.), 9. NAMES AND ADDRESSES OF THE DIRECTORS, 10. SHARES AUTHORIZED (6,000 COMM NO PAR VALUE), 11. SHARES ISSUED (6000 COMM 0).

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



FILED
MAR 16 2005
By: [Signature]
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.

Aurelio Quaglieri 1-22-05
Signature of Officer Date
AURELIO QUAGLIERI
Print or Type Name of Officer
PRESIDENT
Title of Officer



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. 96133		2. Name of Corporation AMERICAN EYEGLASS CENTER			
3. Street Address Principal Business Office 1365 HARTFORD AV			City JOHNSON	State RI	Zip 02919
4. Business Phone No. 401 521 0102		5. State of Incorporation Rhode Island		6. SIC Code 3921	
7. Brief Description of the Character of Business Conducted in Rhode Island EYEGLASS SALES & SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AURELIO QUAGLIENI			Vice President Name SOME		
Street Address 42 STEERE DR			Street Address		
City JOHNSON	State RI	Zip 02919	City	State	Zip
Secretary Name SOME			Treasurer Name SOME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name AURELIO QUAGLIENI			Director Name		
Street Address 42 STEERE DR			Street Address		
City JOHNSON	State RI	Zip 02919	City	State	Zip
Director Name NO OTHER DIRECTOR			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
6,000	Common	NO PAR VALUE	6,000	Common	- 0 -

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

File Date **FILED**
Check No. **JAN 21 2004**
By: **By C17134**
FOR SECRETARY OF STATE USE ONLY

NO. 11146 6 17 1106
RECEIVED
STATE OF RHODE ISLAND

Signature of Officer **Aurelio Quaglieni** 1-21-04
Date
Print or Type Name of Officer **AURELIO QUAGLIENI**
Title of Officer **PRESIDENT**



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. 96133		2. Name of Corporation AMERICAN EYEGLASS CENTER INC.			
3. Street Address Principal Business Office 1365 HARTFORD AV.			City JOHNSTON	State R.T.	Zip 02919
4. Business Phone No. 401 521 0102		5. State of Incorporation RHODE ISLAND			6. SIC Code 3921
7. Brief Description of the Character of Business Conducted in Rhode Island EYEGLASS SALES AND SERVICES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AURELIO QUAGLIERI			Vice President Name SAME		
Street Address 42 STEERE DR.			Street Address		
City JOHNSTON	State R.T.	Zip 02919	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name AURELIO QUAGLIERI			Director Name		
Street Address 42 STEERE DR.			Street Address		
City JOHNSTON	State R.T.	Zip 02919	City	State	Zip
Director Name NO OTHER DIRECTORS			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
6,000	Common	NO PAR VALUE	6,000	Common	- 0 -

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

FILED

File Date: JAN 21 2004

Check No.: By C17134

By: _____

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.

Signature of Officer: *Aurelio Quaglieri* Date: 12/3/03

Print or Type Name of Officer: AURELIO QUAGLIERI

Title of Officer: PRESIDENT

RECEIVED
STATE OF RHODE ISLAND
CORPORATIONS DIVISION
JAN 21 11 48 AM '04



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. **96133** 2. Name of Corporation **AMERICAN EYEGLASS CENTER, INC.**
3. Street Address Principal Business Office **1365 HARTFORD AVE.** City **JOHNSTON** State **R.I.** Zip **02919**
4. Business Phone No. **401-521-0102** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **3921**
7. Brief Description of the Character of Business Conducted in Rhode Island **EYE EXAMS, CONTACT LENSES AND EYEGLASSES**

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

Vice President Name
AURELIO QUAGLIARI
Street Address
42 STEENE DRIVE
City **JOHNSTON** State **R.I.** Zip **02919**
Secretary Name

Street Address

City State Zip

Treasurer Name

Street Address

City State Zip

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

Director Name

Street Address

City State Zip

Director Name

Street Address

City State Zip

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

AUTHORIZED SHARES	Number of Shares	Class/Series	Par Value
	6,000 COMM NO PAR VALUE	Common	Ø

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

ISSUED SHARES	Number of Shares	Class/Series	Par Value
	6,000	Common	Ø

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



FILED

File Date: **APR 26 2002**
Check No.: **By 64284**
By: **[Signature]**

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: **Aurelio Quagliari** Date: **4/26/02**
Print or Type Name of Officer: **AURELIO QUAGLIARI**
Title of Officer: **PRESIDENT**



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96133		2. Name of Corporation AMERICAN EYE CLINIC CENTER P.C.			
3. Street Address Principal Business Office 1365 HARTFORD AVE.		City JOHNSTON		State R.I.	Zip 02919
4. Business Phone No. 401 521 0102		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island EYE EXAMS, CONTACT LENSES AND EYE GLASSES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AURELIO QUAGLIERI			Vice President Name		
Street Address 42 STEERE DR.			Street Address		
City JOHNSTON	State R.I.	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
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
6,000		0	6,000		0

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

FILED

JUL 27 2001

File Date: _____

Check No: _____

By: _____

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.

Aurelio Quagliari 7-27-01
Signature of Officer Date

AURELIO QUAGLIERI
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 05-		2. Name of Corporation AMERICAN EYEGLASS CENTER INC.			
3. Street Address Principal Business Office 1365 HARTFORD AV.		City JOHNSON	State R.I.	Zip 02919	
4. Business Phone No. 401 521 0102		5. State of Incorporation RHODE ISLAND			6. SIC Code
7. Brief Description of the Character of Business Conducted in Rhode Island EYE EXAMS, CONTACT LENSES AND EYEGLASSES					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name AURELIO QUAGLIARI			Vice President Name		
Street Address 42 STEERE DR.			Street Address		
City JOHNSON	State R.I.	Zip 02919	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			Director Name		
Street Address			Street Address		
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
6,000		0	6,000	6,000	0

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

FILED

File Date: JUL 27 2001

Check No. By: [Signature]

By: _____

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.

[Signature] 7-27-01
Signature of Officer Date

AURELIO QUAGLIARI
Print or Type Name of Officer

PRESIDENT
Title of Officer



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96133		2. Name of Corporation AMERICAN EYEGLASS CENTER, INC.	
3. Street Address Principal Business Office 1365 HARTFORD AVENUE		City JOHNSTON	State R.I.
4. Business Phone No. 401-521-0102		5. State of Incorporation RHODE ISLAND	
7. Brief Description of the Character of Business Conducted in Rhode Island EYEGLASS SALES AND SERVICE AND OTHER RELATED SERVICES		6. SIC Code 3921	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name Aurelio Aurelio Quaglieni		Vice President Name SAME	
Street Address 42 STEENE DRIVE		Street Address SAME	
City JOHNSTON	State R.I.	City	State
Zip 02919		Zip	
Secretary Name SAME		Treasurer Name SAME	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) - FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name Aurelio Aurelio Quaglieni		Director Name	
Street Address 42 STEENE DRIVE		Street Address	
City JOHNSTON	State R.I.	City	State
Zip 02919		Zip	
Director Name NO OTHER DIRECTORS		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
6,000 COMM NO PAR VALUE		6,000	Common
Par Value		Par Value	— 0 —

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



* 9 6 1 3 3 *

File Date: 3/9/99
Check No.: 2875
By: QJB

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: Aurelio Quaglieni Date: 3-1-99
Print or Type Name of Officer: AURELIO QUAGLIENI
Title of Officer: PRESIDENT



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 96133		2. Name of Corporation AMERICAN EYEGGLASS CENTER, INC.			
3. Street Address Principal Business Office 1365 HARTFORD AVENUE			City JOHNSTON	State R.I.	Zip 02917
4. Business Phone No. 401-521-0102		5. State of Incorporation RHODE ISLAND			6. SIC Code 3921
7. Brief Description of the Character of Business Conducted in Rhode Island E-YEGLASS SALES AND SERVICE AND OTHER RELATED SERVICES.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name AURELIO QUAGLIERI			Vice President Name SAME		
Street Address 42 STEERE DRIVE			Street Address		
City JOHNSTON	State R.I.	Zip 02919	City	State	Zip
Secretary Name SAME			Treasurer Name SAME		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name AURELIO QUAGLIERI			Director Name		
Street Address 42 STEERE DRIVE			Street Address		
City JOHNSTON	State R.I.	Zip 02919	City	State	Zip
Director Name NO OTHER DIRECTORS			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>			11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
6,000	COMM NO PAR VALUE		6,000	Common	- 0 -

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



File Date: 4/21/98

Check No.: 2404

By: [Signature]

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] 4-8-98
Signature of Officer Date

AURELIO QUAGLIERI
Print or Type Name of Officer

PRESIDENT
Title of Officer