



**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. 36236		2. Name of Corporation KING OPTICIANS, INC.			
3. Street Address Principal Business Office 390 Tbilgate Road			City Warwick	State RI	Zip 02886
4. Business Phone No (401) 732-4950		5. State of Incorporation RHODE ISLAND		6. SIC Code 9886	
7. Brief Description of the Character of Business Conducted in Rhode Island OPTICIAN, SALE OF EYE GLASSES					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael King			Vice President Name Carole King		
Street Address 31 Windsor Rd			Street Address 31 Windsor Rd		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
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
1,000	\$1.00 PAR VALUE				

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



File Date 1-25-05  
Check No. 6270  
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.

Michael P. King 1-21-05  
Signature of Officer Date  
Michael P. King  
Print or Type Name of Officer  
President/owner  
Title of Officer



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 2004

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 (36236), 2. Name of Corporation (KING OPTICIANS, INC.), 3. Street Address Principal Business Office (390 TOLLGATE RD, WARWICK, RI, 02886), 4. Business Phone No (401-932-4950), 5. State of Incorporation (RHODE ISLAND), 6. SIC Code (9886), 7. Brief Description of the Character of Business Conducted in Rhode Island (OPTICIAN, SALE OF EYE GLASSES), 8. NAMES AND ADDRESSES OF THE OFFICERS: (MICHAEL P. KING, CAROLE L. KING), 9. NAMES AND ADDRESSES OF THE DIRECTORS: (NONE), 10. SHARES AUTHORIZED (1,000 \$1.00 PAR VALUE), 11. SHARES ISSUED (300 COMMON \$1.00).

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



\* 3 6 2 3 6 \*

File Date FILED

Check No. JAN 21 2004

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.

Signature of Officer: Michael P. King, Date: 1/14/04

Print or Type Name of Officer: MICHAEL P. KING

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. 36236 2. Name of Corporation KING OPTICIANS, INC.  
3. Street Address Principal Business Office 390 TOLLGATE Road City WARWICK State RI Zip 02882  
4. Business Phone No. 401-732-4950 5. State of Incorporation RHODE ISLAND 6. SIC Code 9886  
7. Brief Description of the Character of Business Conducted in Rhode Island OPTICAL SALES

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

President Name <u>Michael King</u>	Vice President Name
Street Address <u>31 WINDSOR Rd</u>	Street Address
City <u>Cranston</u> State <u>RI</u> Zip <u>02905</u>	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) 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)**

AUTHORIZED SHARES	Class/Series	Par Value
1,000	\$1.00 PAR VALUE	

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

ISSUED SHARES	Class/Series	Par Value
200	Common	\$1

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



File Date: 1-21-03  
Check No.: 4786  
By: VP

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.

Michael P. King 1/21/03  
Signature of Officer Date  
MICHAEL P. KING  
Print or Type Name of Officer  
PRESIDENT  
Title of Officer



**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. **36236** 2. Name of Corporation **KING OPTICIANS, INC.**

3. Street Address Principal Business Office **390 Tollgate Road** City **Warwick** State **RI** Zip **02886**

4. Business Phone No. **401-732-4950** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Optician - Sale of Eye Glasses**

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

<p>President Name <b>Michael P. King</b></p> <p>Street Address <b>33 Windsor Road</b></p> <p>City State Zip <b>Cranston RI 02905</b></p>	<p>Vice President Name <b>Michael P. King</b></p> <p>Street Address <b>33 Windsor Road</b></p> <p>City State Zip <b>Cranston RI 02905</b></p>
<p>Secretary Name <b>Michael P. King</b></p> <p>Street Address <b>33 Windsor Road</b></p> <p>City State Zip <b>Cranston RI 02905</b></p>	<p>Treasurer Name <b>Michael P. King</b></p> <p>Street Address <b>33 Windsor Road</b></p> <p>City State Zip <b>Cranston RI 02905</b></p>

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

<p>Director Name <b>Michael P. King</b></p> <p>Street Address <b>33 Windsor Road</b></p> <p>City State Zip <b>Cranston RI 02905</b></p>	<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>
<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>	<p>Director Name</p> <p>Street Address</p> <p>City State Zip</p>

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

Number of Shares	Class/Series	Par Value
1,000		\$1.00 PAR VALUE

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

Number of Shares	Class/Series	Par Value
66.67	Common	

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



\* 3 6 2 3 6 \*

File Date: 8-22-02

Check No.: 4465

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: [Signature] Date: 8/20/02

Print or Type Name of Officer: Michael P. King

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. **36236**      2. Name of Corporation **KING OPTICIANS, INC.**

3. Street Address Principal Business Office      City      State      Zip  
**390 Tollgate Road**      **Warwick**      **RI**      **02886**

4. Business Phone No. **401-732-4950**      5. State of Incorporation **RHODE ISLAND**      6. SIC Code **9886**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Optician - Sale of Eye Glasses**

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

President Name <b>Michael P. King</b>	Vice President Name <b>Michael P. King</b>
Street Address <b>33 Windsor Road</b>	Street Address <b>33 Windsor Road</b>
City      State      Zip <b>Cranston      RI      02905</b>	City      State      Zip <b>Cranston      RI      02905</b>
Secretary Name <b>Michael P. King</b>	Treasurer Name <b>Michael P. King</b>
Street Address <b>33 Windsor Road</b>	Street Address <b>33 Windsor Road</b>
City      State      Zip <b>Cranston      RI      02905</b>	City      State      Zip <b>Cranston      RI      02905</b>

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

Director Name <b>Michael P. King</b>	Director Name
Street Address <b>33 Windsor Road</b>	Street Address
City      State      Zip <b>Cranston      RI      02905</b>	City      State      Zip
Director Name	Director Name
Street Address	Street Address
City      State      Zip	City      State      Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>

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

ISSUED SHARES	Class/Series	Par Value
<b>66.67</b>	<b>Common</b>	

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



\* 3 6 2 3 6 \*

File Date: 1/31  
 Check No.: 2755  
 By: ac

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.

Michael P. King      11/30/01  
 Signature of Officer      Date

**Michael P. King**  
 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. <b>36236</b>	2. Name of Corporation <b>KING OPTICIANS, INC.</b>
3. Street Address Principal Business Office <b>390 Tollgate Road</b>	City State Zip <b>Warwick RI 02886</b>
4. Business Phone No. <b>(401) 732 4950</b>	5. State of Incorporation <b>RHODE ISLAND</b>
6. SIC Code <b>9886</b>	

7. Brief Description of the Character of Business Conducted in Rhode Island

**Optician - Sale of Eye Glasses**

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

President Name <b>Michael P. King</b>	Vice President Name <b>Michael P. King</b>
Street Address <b>33 Windsor Road</b>	Street Address <b>33 Windsor Road</b>
City State Zip <b>Cranston RI 02905</b>	City State Zip <b>Cranston RI 02905</b>
Secretary Name <b>Michael P. King</b>	Treasurer Name <b>Michael P. King</b>
Street Address <b>33 Windsor Road</b>	Street Address <b>33 Windsor Road</b>
City State Zip <b>Cranston RI 02905</b>	City State Zip <b>Cranston RI 02905</b>

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

Director Name <b>Michael P. King</b>	Director Name
Street Address <b>33 Windsor Road</b>	Street Address
City State Zip <b>Cranston RI 02905</b>	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

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

AUTHORIZED SHARES	Class/Series	Par Value
<b>1,000 SHS</b>	<b>1.00 PAR VAL</b>	

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

ISSUED SHARES	Class/Series	Par Value
<b>66.67</b>	<b>Common</b>	

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



\* 3 6 2 3 6 \*  
**PAID**

File Date: AUG 11 2000  
Check No.: SECY OF STATE  
By: \_\_\_\_\_

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.

Michael P. King 8/10/00  
Signature of Officer Date  
**Michael P. King**  
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. <b>36236</b>		2. Name of Corporation <b>KING OPTICIANS, INC.</b>			
3. Street Address Principal Business Office <b>390 Toll Gate Road</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No. <b>(401) 732 4950</b>		5. State of Incorporation <b>RHODE ISLAND</b>		6. SIC Code <b>9886</b>	
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Optician - Sale of Eye Glasses</b>					
<b>8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name <b>Michael P. King</b>			Vice President Name <b>Michael P. King</b>		
Street Address <b>33 Windsor Road</b>			Street Address <b>33 Windsor Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston,</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>Michael P. King</b>			Treasurer Name <b>Michael P. King</b>		
Street Address <b>33 Windsor Road</b>			Street Address <b>33 Windsor Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name <b>Michael P. King</b>			Director Name		
Street Address <b>33 Windsor Road</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>			<b>11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>1.00 PAR VAL</b>		<b>66.67</b>	<b>Common</b>	

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



File Date: Jan 29, 99  
Check No.: 1207  
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.

Signature of Officer: [Signature] Date: 1/27/99  
Michael P. King  
Print or Type Name of Officer  
**President**  
Title of Officer



**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. <b>36236</b>		2. Name of Corporation <b>KING OPTICIANS, INC.</b>	
3. Street Address Principal Business Office <b>390 Toll Gate Road</b>		City <b>Warwick</b>	State <b>RI</b>
4. Business Phone No. <b>(401) 732-4950</b>		5. State of Incorporation <b>RHODE ISLAND</b>	Zip <b>02886</b>
6. SIC Code <b>9886</b>			
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Optician - Sale of Eye Glasses</b>			
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT)			
President Name <b>Michael P. King</b>		Vice President Name <b>Michael P. King</b>	
Street Address <b>33 Windsor Road</b>		Street Address <b>33 Windsor Road</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
Secretary Name <b>Michael P. King</b>		Treasurer Name <b>Michael P. King</b>	
Street Address <b>33 Windsor Road</b>		Street Address <b>33 Windsor Road</b>	
City <b>Cranston</b>	State <b>RI</b>	City <b>Cranston</b>	State <b>RI</b>
Zip <b>02905</b>		Zip <b>02905</b>	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)			
Director Name <b>Michael P. King</b>		Director Name	
Street Address <b>33 Windsor Road</b>		Street Address	
City <b>Cranston</b>	State <b>RI</b>	City	State
Zip <b>02905</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)			
AUTHORIZED SHARES			
Number of Shares	Class/Series	Par Value	
<b>1,000 SHS</b>	<b>1.00 PAR VAL</b>		
11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)			
ISSUED SHARES			
Number of Shares	Class/Series	Par Value	
<b>66.67</b>	<b>Common</b>		

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



\* 3 6 2 3 6 \*

File Date: 7-2-98

Check No.: 8743

By: 111

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.

Michael P. King 1/31/98  
Signature of Officer Date

Michael P. King  
Print or Type Name of Officer

President  
Title of Officer

**PROFIT CORPORATION ANNUAL REPORT 1997**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. <b>36236</b>		2. Name of Corporation <b>KING OPTICIANS, INC.</b>			
3. Street Address Principal Business Office <b>390 Toll Gate Road</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. Business Phone No. <b>(401) 732-4950</b>		5. State of Incorporation <b>RHODE ISLAND</b>			6. SIC Code <b>9886</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>Optician - Sale of Eyeglasses</b>					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
President Name <b>Michael P. King</b>			Vice President Name <b>Michael P. King</b>		
Street Address <b>33 Windsor Road</b>			Street Address <b>33 Windsor Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
Secretary Name <b>Michael P. King</b>			Treasurer Name <b>Michael P. King</b>		
Street Address <b>33 Windsor Road</b>			Street Address <b>33 Windsor Road</b>		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/>					
Director Name <b>Michael P. King</b>			Director Name		
Street Address <b>33 Windsor Road</b>			Street Address		
City <b>Cranston</b>	State <b>RI</b>	Zip <b>02905</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AND 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
<b>1,000 SHS</b>	<b>1.00 PAR VAL</b>		<b>66.67</b>	<b>Common</b>	

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



\* 3 6 2 3 6 \*

File Date: 2-3-97  
Check No.: 1737  
By: WP

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: Michael P. King Date: 1/31/97  
Print or Type Name of Officer: Michael P. King  
Title of Officer: President

**PROFIT CORPORATION  
ANNUAL REPORT**

**1996**



State of Rhode Island and Providence Plantations  
James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street  
Providence, Rhode Island 02903-1335 • (401) 277-3040

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 36236		2. NAME OF CORPORATION KING OPTICIANS, INC.					
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 390 Toll Gate Road				CITY Warwick,		STATE RI	ZIP CODE 02886
4. BUSINESS PHONE NO. (401) 732 4950			5. STATE OF INCORPORATION RHODE ISLAND			6. SIC CODE 9886	
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND Optician - Sale of Eyeglasses							
<b>8. NAMES AND ADDRESSES OF THE OFFICERS</b>							
PRESIDENT NAME Michael P. King				VICE PRESIDENT NAME Michael P. King			
STREET ADDRESS 33 Windsor Road				STREET ADDRESS 33 Windsor Road			
CITY Cranston,		STATE RI	ZIP CODE 02905	CITY Cranston,		STATE RI	ZIP CODE 02905
SECRETARY NAME Michael P. King				TREASURER NAME Michael P. King			
STREET ADDRESS 33 Windsor Road				STREET ADDRESS 33 Windsor Road			
CITY Cranston,		STATE RI	ZIP CODE 02905	CITY Cranston,		STATE RI	ZIP CODE 02905
<b>9. NAMES AND ADDRESSES OF THE DIRECTORS</b>							
DIRECTOR NAME Michael P. King				DIRECTOR NAME			
STREET ADDRESS 33 Windsor Road				STREET ADDRESS			
CITY Cranston,		STATE RI	ZIP CODE 02905	CITY		STATE	ZIP CODE
DIRECTOR NAME				DIRECTOR NAME			
STREET ADDRESS				STREET ADDRESS			
CITY		STATE	ZIP CODE	CITY		STATE	ZIP CODE
<b>10. SHARES AUTHORIZED AND ISSUED</b>							
<b>AUTHORIZED SHARES</b>				<b>ISSUED SHARES</b>			
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE		NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	
1,000 SHS	1.00 PAR VAL			66.67	COMMON		

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:

2/1/96

Check No:

6189

By:

*cc/wp*

For Secretary of State Use Only

*Michael P. King*  
Signature of Officer

Michael P. King

Print or Type Name of Officer

President

Title of Officer

1/29/96  
Date

DETACH BOTTOM BEFORE RETURNING

FORM 21 (2/95)



Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903-1335  
401-277-3040

Please Type or Print  
File Annually - Jan. 1 - March 1  
Filing Fee \$50.00  
Make Checks Payable to: Secretary of State

ck. 5/16/95  
CA

**ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0036236 Annual Report for the year: 1995

Name of Corporation: KING OPTICIANS, INC.

Business entity organized under the laws of the State of: RI

Business Entity is (check one):  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)

For foreign entity, address and telephone number of principal office:

Brief statement of the character of business conducted in Rhode Island:

Optician - Sale of Eyeglasses

Phone: ( )

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

390 Toll Gate Road  
Warwick, RI 02886

Phone: (401) 732-4950

**THE NAMES OF THE OFFICERS ARE:**

OFFICER	STREET ADDRESS	CITY/STATE	ZIP CODE
PRESIDENT Michael P. King	33 Windsor Road	Cranston, Rhode Island	02905
VICE-PRESIDENT Michael P. King	33 Windsor Road	Cranston, Rhode Island	02905
SECRETARY Michael P. King	33 Windsor Road	Cranston, Rhode Island	02905
TREASURER Michael P. King	33 Windsor Road	Cranston, Rhode Island	02905

**THE NAMES OF THE DIRECTORS ARE:**

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
Michael P. King	33 Windsor Road	Cranston, Rhode Island	02905

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares 1,000 Class / Series Common

Number of Shares 66.67 Class / Series Common

Date 1/25 19 95

By Michael P. King

Michael P. King  
PRINT OR TYPE NAME OF OFFICER SIGNING  
President  
TITLE OF OFFICER SIGNING

**DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:**

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

THOMAS R. LEDDY MD  
390 TOLLGATE ROAD  
WARWICK RI 02886

Filing Fee \$50.00  
Payable to  
Secretary of State

PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations  
Office of The Secretary of State  
100 North Main Street  
Providence, Rhode Island 02903 1335  
401-277-3040

File Annually  
LLC Sept. 1 - Nov. 1  
CORP Jan. 1 - March 1

Corporate ID: 0026236 Annual Report for the year: 1994

Name of Business Entity: KING OPTICIANS, INC.

Business entity organized under the laws of the State of RI  
Federal Taxpayer Identification Number: [REDACTED]  
For foreign entity, address and telephone number of principal office:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone ( ) \_\_\_\_\_  
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)  
390 Toll Gate Road  
Warwick, RI 02886  
Phone (401) 732-4950

Business Entity is (check one)  
 Business Corporation (See RIGL Chapter 7-1.1)  
 Professional Service Corporation (See RIGL Chapter 7-5.1)  
 Limited Liability Company (See RIGL 7-16)  
Name, title and mailing address of contact person to whom communications may be directed:  
Michael P. King  
390 Toll Gate Road  
Warwick, RI 02886  
Brief statement of the character of business conducted in Rhode Island:  
Optician - Sale of Eyeglasses  
Date of Organization 10/22/85  
Date of Qualification to do business in Rhode Island (if foreign entity): \_\_\_\_\_

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER / <input type="checkbox"/> PRESIDENT / <input type="checkbox"/> MANAGER	<u>Michael P. King 33 Windsor Road</u>	<u>Cranston, RI</u>	<u>02905</u>
<input type="checkbox"/> OPERATING OFFICER / <input type="checkbox"/> VICE PRESIDENT / <input type="checkbox"/> CO-OWNER	<u>Michael P. King 33 Windsor Road</u>	<u>Cranston, RI</u>	<u>02905</u>
<input type="checkbox"/> SECRETARY / <input type="checkbox"/> RECORDS OFFICER	<u>Michael P. King 33 Windsor Road</u>	<u>Cranston, RI</u>	<u>02905</u>
<input type="checkbox"/> FINANCIAL OFFICER / <input type="checkbox"/> TREASURER / <input type="checkbox"/> CONTROLLER	<u>Michael P. King 33 Windsor Road</u>	<u>Cranston, RI</u>	<u>02905</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<u>Michael P. King</u>	<u>33 Windsor Road</u>	<u>Cranston, RI</u>	<u>02905</u>

NUMBER OF SHARES AUTHORIZED (if Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)
NUMBER <u>1,000</u>	NUMBER <u>66.67</u>
CLASS <u>Common</u>	CLASS <u>Common</u>
SERIES _____	SERIES _____
PAR VALUE OR WITHOUT PAR <u>\$1.00 Par Value</u>	PAR VALUE OR WITHOUT PAR <u>\$1.00 Par Value</u>

**FILED**  
MAR 15 1994  
By 47507P

Date 3/14 19 94 By Michael P. King  
\_\_\_\_\_  
Michael P. King  
PRESIDENT OF THE SAID CORPORATION  
\_\_\_\_\_  
President  
TITLE OF OFFICER/AGENT

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:  
PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed.

THOMAS P. LEGDY MD  
390 TOLLGATE ROAD  
WARWICK RI 02886

Filing Fee \$50.00

39787B

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0036236 Annual Report for the year 1993

FIRST: The name of the corporation is KING OPTICIANS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is operating a retail optician's business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 390 Tollgate Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Michael P. King	Director	390 Tollgate Road, Warwick, RI 02886
	Director	
	Director	
Michael P. King	President	Same as above.
Michael P. King	Vice President	Same as above.
Michael P. King	Secretary	Same as above.
Michael P. King	Treasurer	Same as above.

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00 par value

PAID  
APR 12 1993  
SECY OF STATE

Dated 19 93 King Optician's, Inc.

(Name of Corporation)

By Michael P. King

Title

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

*MBL 3082*  
**State of Rhode Island and Providence Plantations**

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0036235 Annual Report for the year 1992

FIRST: The name of the corporation is KING OPTICIANS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is operating a retail optician's business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 390 Tollgate Rd., Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Michael P. King	Director	390 Tollgate Rd. Warwick, RI 02886
	Director	
	Director	
Michael P. King	President	same as above
Michael P. King	Vice President	" "
Michael P. King	Secretary	" "
Michael P. King	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common	PAID	\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common	SECY OF STATE	\$1.00 par value

Dated February 29, 1992

King Opticians, Inc.  
(Name of Corporation)

By Michael P. King  
Michael P. King  
Title President

(Report must be signed by an officer)

Filing Fee \$50.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0036236

Annual Report for the year 1991

FIRST: The name of the corporation is KING OPTICIANS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is operating a retail optician's business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 390 Tollgate Rd. Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Thomas R. Leddy, M.D.	Director	390 Tollgate Rd. Warwick, RI 02886
Reid S. Appleby, Jr., M.D.	Director	Same as above
Michael P. King	Director	Same as above
Reid S. Appleby, Jr., M.D.	President	" "
Thomas R. Leddy, M.D.	Vice President	" "
Thomas R. Leddy, M.D.	Secretary	" "
Michael P. King	Treasurer	" "

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00 par value

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SECY OF STATE

Dated February 28, 19 91

King Opticians, Inc.  
(Name of Corporation)

By Thomas R. Leddy, M.D.

Title Vice President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

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Corporate ID 0036236 Annual Report for the year 1990

FIRST: The name of the corporation is KING OPTICIANS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is operating a retail optician's business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island c/o John H. Reid III, Esquire  
2700 Hospital Trust Tower, Providence, RI 02903

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Thomas R. Leddy, M.D.	Director	390 Tollgate Rd., Warwick, RI 02886
Reid S. Appleby, Jr., M.D.	Director	Same as above
	Director	
Reid S. Appleby, Jr., M.D.	President	Same as above
Thomas R. Leddy, M.D.	Vice President	Same as above
Thomas R. Leddy, M.D.	Secretary	Same as above
Michael King	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		\$1.00 par value

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EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00 par value

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Dated January 24, 19 90

KING OPTICIANS, INC.  
(Name of Corporation)  
By Reid S. Appleby Jr M.D.  
Title President

(Report must be signed by an officer)

Filing Fee \$15.00

To be filed annually between  
January 1st and March 1st

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
100 NORTH MAIN STREET  
PROVIDENCE, RHODE ISLAND 02903

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Corporate ID 36236 Annual Report for the year 1989

FIRST: The name of the corporation is KING OPTICIANS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is operating a retail optician's business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 390 Tollgate Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Thomas R. Leddy, M.D.	Director	390 Tollgate Rd., Warwick, RI
Reid S. Appleby, Jr., M.D.	Director	Same as above
	Director	
Thomas R. Leddy, M.D.	President	Same as above
Reid S. Appleby, Jr., M.D.	Vice President	Same as above
Reid S. Appleby, Jr., M.D.	Secretary	Same as above
Reid S. Appleby, Jr., M.D.	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	Common		\$1.00 par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00 par value

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Dated 2.25 19 89

**KING OPTICIANS, INC.**

(Name of Corporation)  
By Thomas R. Leddy  
Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 36236 Annual Report for the year 1988

FIRST: The name of the corporation is KING OPTICIANS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is  
operating a retail optician's business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 39C Tollgate Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Thomas R. Leddy, M.D.	Director	390 Tollgate Road, Warwick, RI 02886
Reid S. Appleby, Jr., M.D.	Director	Same as above
	Director	
Thomas R. Leddy, M.D.	President	Same as above
Reid S. Appleby, Jr., M.D.	Vice President	Same as above
Reid S. Appleby, Jr., M.D.	Secretary	Same as above
Reid S. Appleby, Jr., M.D.	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common	PAID	\$1.00 par value each

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00 par value each

Dated 2.23 19 88

SEC'Y OF STATE



KING OPTICIANS, INC.  
(Name of Corporation)  
By Thomas R. Leddy  
Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 36236 Annual Report for the year 1987

FIRST: The name of the corporation is KING OPTICIANS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is  
operating a retail optician's business

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 390 Tollgate Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Thomas R. Leddy, M.D.	Director	390 Tollgate Road, Warwick, RI 02886
Reid S. Appleby, Jr., M.D.	Director	Same as above
	Director	
Thomas R. Leddy, M.D.	President	Same as above
Reid S. Appleby, Jr., M.D.	Vice President	Same as above
Reid S. Appleby, Jr., M.D.	Secretary	Same as above
Reid S. Appleby, Jr., M.D.	Treasurer	Same as above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		\$1.00 par value each

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00 par value each

**SECY OF STATE**

Dated FEB 21 19 87

KING OPTICIANS, INC.  
(Name of Corporation)  
By Thomas R. Leddy  
Title President

(Report must be signed by an officer)

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION  
270 WESTMINSTER MALL  
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 36236 Annual Report for the year 1986

FIRST: The name of the corporation is KING OPTICIANS, INC.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is operating a retail optician's business.

FOURTH: If foreign corporation, address of its principal office.....

FIFTH: Business address in Rhode Island 390 Toll Gate Road, Warwick, RI 02886

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Thomas R. Leddy, M. D.	Director	390 Toll Gate Road, Warwick, RI 02886
Reid S. Appleby, Jr., M. D.	Director	same
	Director	
Thomas R. Leddy, M. D.	President	same
Reid S. Appleby, Jr., M. D.	Vice President	same
Reid S. Appleby, Jr., M. D.	Secretary	same
Reid S. Appleby, Jr., M. D.	Treasurer	same

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	Common		\$1.00 par value each

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
200	Common		\$1.00 par value each

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MAR 27 1986  
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MUN 9 1986  
JR

Dated February 20 19 86

KING OPTICIANS, INC.  
(Name of Corporation)  
By Thomas R. Leddy, M.D.  
President  
Title \_\_\_\_\_

(Report must be signed by an officer)