Annual Report for the year: 2018 **Limited Liability Company**

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty: Additional \$25.00 fee if form is not filed by December 1.

1 Entity ID Number 1674141		2 Exact name of the Limited Liability Company Dr. Robert Vaughn LLC				
3 NAICS Code	4. Brief de:	4. Brief description of the character of business conducted in Rhode Island				
621320	operating	operating an optometry practice and sale of glasses and contact lenses				
5 State of Formation Rhode Island						
6 Principal Office Address			City	State	Zip	
1168 Warwick Avenue			Warwick	RI	02888	
7. Mailing Address of Limite	ed Liability Compa	any and Name o	r Title of Contact Person	1	1	
Contact Name Robert G. Vaughn, Jr.			Contact Title			
Street Address 567 South County Trail Suite 305			City Exeter	State RI	Zip 02822	
8 List ALL managers (nan	nes and addresse	s) of the Limited	Liability Company, IF APPLIC	ABLE - DO NOT LIST	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	Zıp	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
	<u> </u>			Check the box to	indicate an attachment	
9 Resident Agent in Rhode	e Island This infor	nation is currently	of record with the Department of	State. Changes require filii	ng Form 642	
Under penalty of perjury, statements, and that all s			examined this report, include true and correct.	ding any accompanyin	g schedules and	
Name of Authorized Person				Date		
Uxhales & Lambos, atorney				11/2	1/19	
Signature of Authorized Re		•	N DOCUMENT HERE	-		

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos ri.gov FORM 632 - Revised: 10/2017