



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS**  
**Office of the Secretary of State - Division of Business Services**

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

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2020**

Filing Period: January 1 - March 1 - This report must be typed or printed legibly.

Filing Fee: \$50.00 - FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entry ID No. <b>950827</b>		2. Exact name of the Corporation <b>3D Enterprises, Inc.</b>			
3. Principal office address <b>5600 Post Road</b>			City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
4. Business Phone No. <b>(401) 885-2164</b>			5. State of Incorporation <b>RI</b>		
6. Brief description of the character of business conducted in Rhode Island <b>Optical store and associated merchandise services</b> <span style="float: right;"><b>333249</b></span>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Kim Chace</b>			Vice-President Name <b>Robert William Chace</b>		
Street Address <b>130 Hemond Avenue</b>			Street Address <b>130 Hemond Avenue</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
Secretary Name <b>Robert William Chace</b>			Treasurer Name <b>Kim Chace</b>		
Street Address <b>130 Hemond Avenue</b>			Street Address <b>130 Hemond Avenue</b>		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>Kim Chace</b>			Director Name		
Street Address <b>130 Hemond Avenue</b>			Street Address		
City <b>Woonsocket</b>	State <b>RI</b>	Zip <b>02895</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			0		0

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No _____
By: _____
<b>FOR SECRETARY OF STATE USE ONLY</b>

**KM**  
**FILED**

**DEC 30 2019**

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 Authorized Representative

Date

**Kim Chace, President**

Print or Type Name of Authorized Representative

BY 3689