



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED
STAMP

JAN 29 2020

BY

1008 OS

1. Entity ID Number 998108		2. Exact name of the Corporation Melanin Optics, Inc.			
3. Principal Office Address 10 River Street			City Cranston	State RI	Zip 02905
4. NAICS Code 424990		6. Brief description of the character of business conducted in Rhode Island Sale of eye wear products.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Kody Kelly			Vice-President Name Kody Kelly		
Street Address 10 River Street			Street Address 10 River Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
Secretary Name Kody Kelly			Treasurer Name Kody Kelly		
Street Address 10 River Street			Street Address 10 River Street		
City Cranston	State RI	Zip 02905	City Cranston	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kody Kelly			Director Name		
Street Address 10 River Street			Street Address		
City Cranston	State RI	Zip 02905	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			0		01
11. 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.					
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.					
Name of Authorized Representative Kody Kelly, President				Date 1/23/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov