



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.

1. Entity ID Number 000020550		2. Exact name of the Corporation Joseph F. Osmanski, O.D., Inc.			
3. Principal Office Address 1971 Mineral Spring Avenue			City North Providence	State RI	Zip 02904
4. NAICS Code 541990	6. Brief description of the character of business conducted in Rhode Island Authorized to practice Optometry in Rhode Island.				
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 Joseph F. Osmanski			Vice-President Name Jad Osmanski		
Street Address 9 Chestnut Hill Road			Street Address 46 Braunecker Road		
City Glocester	State RI	Zip 02814	City Plymouth	State MA	Zip 02360
Secretary Name Joseph F. Osmanski			Treasurer Name Joan M. Osmanski		
Street Address 9 Chestnut Hill Road			Street Address 9 Chestnut Hill Road		
City Glocester	State RI	Zip 02814	City Glocester	State RI	Zip 02814
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph F. Osmanski			Director Name Jad Osmanski		
Street Address 9 Chestnut Hill Road			Street Address 54 Warren Avenue		
City Glocester	State RI	Zip 02814	City Plymouth	State MA	Zip 02360
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		
			200		
			Common Stock		
			No Par Value		
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 Joseph F. Osmanski, O.D.					Date 2/19/20
Signature of Authorized Representative <i>Joseph F. Osmanski</i>					

SIGN DOCUMENT HERE

FEB 26 2020

BY

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