



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 2005

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 104953		2. Name of Corporation EAST SIDE VISION CARE, INC.			
3. Street Address Principal Business Office 213 Thayer Street			City Providence	State RI	Zip 02906
4. Business Phone No. (401) 421-4500		5. State of Incorporation RHODE ISLAND			6. SIC Code 9290
7. Brief Description of the Character of Business Conducted in Rhode Island CONDUCTING AN OPTOMETRY BUSINESS, INCLUDING THE EXAMINATION OF EYES AND EYE RELATED DISEASES.					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David R. Gabriel			Vice President Name Open		
Street Address 293 Union Street			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name David R. Gabriel			Treasurer Name David R. Gabriel		
Street Address 293 Union Street			Street Address 293 Union Street		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
600 NO PAR VALUE			100 Shares	Common	No Par

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



104953

File Date 2/22/05
Check No. 4935
By: W.

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

Date

David R. Gabriel

Print or Type Name of Officer

President

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

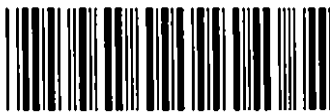
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 104953		2. Name of Corporation EAST SIDE VISION CARE, INC.		
3. Street Address Principal Business Office 213 Thayer Street		City Providence	State RI	Zip 02906
4. Business Phone No. (401) 421-4500		5. State of Incorporation RHODE ISLAND		6. SIC Code 9290
7. Brief Description of the Character of Business Conducted in Rhode Island CONDUCTING AN OPTOMETRY BUSINESS, INCLUDING THE EXAMINATION OF EYES AND EYE RELATED DISEASES.				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name David R. Gabriel		Vice President Name Open		
Street Address 293 Union Street		Street Address		
City Portsmouth	State RI	Zip 02871	City	State
Secretary Name David R. Gabriel		Treasurer Name David R. Gabriel		
Street Address 293 Union Street		Street Address 293 Union Street		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name None		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
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
600 NO PAR VALUE			100 Shares	Common
				No Par

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



* 1 0 4 9 5 3 *

File Date 3-2-04
Check No. 4296
By: 1UP
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

Date

David R. Gabriel

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



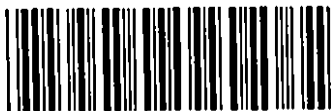
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 104953		2. Name of Corporation EAST SIDE VISION CARE, INC.	
3. Street Address Principal Business Office 213 Thayer Street		City Providence	State RI
4. Business Phone No. (401) 421-4500		5. State of Incorporation RHODE ISLAND	
6. SIC Code 9290		7. Brief Description of the Character of Business Conducted in Rhode Island Conducting an optometry business, including the examination of eyes and eye related diseases. The prescribing of lenses, including contact lenses.	
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
President Name David R. Gabriel		Vice President Name Open	
Street Address 293 Union Street		Street Address	
City Portsmouth	State RI	City	State
Zip 02871		Zip	
Secretary Name David R. Gabriel		Treasurer Name David R. Gabriel	
Street Address 293 Union Street		Street Address 293 Union Street	
City Portsmouth	State RI	City Portsmouth	State RI
Zip 02871		Zip 02871	
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS			
Director Name None		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)		11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)	
AUTHORIZED SHARES		ISSUED SHARES	
Number of Shares	Class/Series	Number of Shares	Class/Series
600 NO PAR VALUE		100 Shares	Common
Par Value		Par Value	
		No Par	

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



* 1 0 4 9 5 3 *

File Date: 1/28/03
Check No.: 3573
DA

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: David R. Gabriel Date: 1/11/03
Print or Type Name of Officer: David R. Gabriel
Title of Officer: President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Edward S. Inman, III, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. 104953		2. Name of Corporation EAST SIDE VISION CARE, INC.			
3. Street Address Principal Business Office 213 Thayer Street		City Providence	State R.I.	Zip 02906	
4. Business Phone No. (401) 421-4500		5. State of Incorporation RHODE ISLAND		6. SIC Code 9290	
7. Brief Description of the Character of Business Conducted in Rhode Island Conducting an optometry business, including the examination of eyes and eye related diseases. The prescribing of lenses, including contact lenses.					
8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David R. Gabriel			Vice President Name None		
Street Address 293 Union Street			Street Address		
City Portsmouth	State R.I.	Zip 02871	City	State	Zip
Secretary Name David R. Gabriel			Treasurer Name David R. Gabriel		
Street Address 293 Union Street			Street Address 293 Union Street		
City Portsmouth	State R.I.	Zip 02871	City Portsmouth	State R.I.	Zip 02871
9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NONE			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 checked="" type="checkbox"/> 11. SHARES 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
600 NO PAR VALUE			100 SHS	Common	No Par

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



* 1 0 4 9 5 3 *

FILED

File Date: JAN 09 2002

Check No.: By Ce 2369

By: 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.

David R. Gabriel 12/22/01
Signature of Officer Date

DAVID R. GABRIEL
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

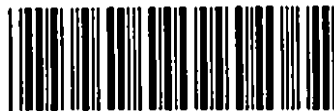
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. 104953		2. Name of Corporation EAST SIDE VISION CARE, INC.			
3. Street Address Principal Business Office 213 Thayer Street			City Providence	State RI	Zip 02906
4. Business Phone No.		5. State of Incorporation RHODE ISLAND			6. SIC Code 9290
7. Brief Description of the Character of Business Conducted in Rhode Island Conducting an optometry business, including the examination of eyes and eye related diseases. The prescribing of lenses including contact lenses.					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name David R. Gabriel			Vice President Name None		
Street Address 293 Union Street			Street Address		
City Portsmouth	State RI	Zip 02871	City	State	Zip
Secretary Name David R. Gabriel			Treasurer Name David R. Gabriel		
Street Address 293 Union Street			Street Address 293 Union Street		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
600 NO PAR VALUE			100	Common	no par

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



* 1 0 4 9 5 3 *

FILED

File Date:

Check No.:

By:

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.

David R. Gabriel 1-27-2001
Signature of Officer Date

David R. Gabriel
Print or Type Name of Officer

President
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



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. **104953** 2. Name of Corporation **EAST SIDE VISION CARE, INC.**
3. Street Address Principal Business Office **213 Thayer Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(401)** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **9290**

7. Brief Description of the Character of Business Conducted in Rhode Island
Conducting an optometry business, including the examination of eyes and eye related diseases.
The prescribing of lenses including contact lenses.

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

President Name David R. Gabriel Street Address 293 Union Street City Portsmouth State RI Zip 02871	Vice President Name None Street Address City State Zip
Secretary Name David R. Gabriel Street Address 293 Union Street City Portsmouth State RI Zip 02871	Treasurer Name David R. Gabriel Street Address 293 Union Street City Portsmouth State RI Zip 02871

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

Director Name None Street Address City State Zip	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

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

Number of Shares	Class/Series	Par Value
600	NO PAR VALUE	

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

Number of Shares	Class/Series	Par Value
100	Common	No Par

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



* 1 0 4 9 5 3 *

FILED

File Date: **FEB 10 2000**

Check No.: **By CC 1360**

By: **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.

David R. Gabriel 1-26-2000
Signature of Officer Date

David R. Gabriel

Print or Type Name of Officer

President

Title of Officer