

City

AUTHORIZED SHARES

600 NO PAR VALUE

Number of Shares

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

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

State

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

Class/Scries

ZIp

Par Value

Malthew A. Br	rown , Secretary of St	ale			401.222.3040
PROFIT CORPOR	ATION ANNI	UAL REPORT	FOR THE YEAR	2005	
Filing Period: January 1 - Ma	• = = = = = : = = : :	- +			
(FORM MUST BE TYPED OR PRINT	•				
1. Corporate ID No.	2. Name of Corporation			<u> </u>	
104953	EAST SIDE VISIO	N CAPE INC			
3. Street Address Principal Business Of	·	IT CARE, INC.	Cin	State	Zip
	, ica		Providence	RI	02906
213 Thayer Street		5. State of Incorporation	[FIOAIGENCE	1.11	6 SIC Code
(401) 421-4500		RHODE ISLAND			9290
7. Brief Description of the Character of	Bustness Conducted in Rh	. ,			<u> </u>
CONDUCTING AN OPTO	METRY BUSINESS, I	NCLUDING THE EXAMI	NATION OF EYES AND EYE RI	ELATED DISEASES.	
8. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTAC	CHMENT)	CES BEFORE USING AT	TACHMENTS
President Name	01 1111 011102110	(//	Vice President Name		
David R. Gabriel			Ореп		
Street Address			Street Address		
293 Union Street					
City	State	Zip	City	State	Zip
Portsmouth	RI	02871			
Secretary Name	L.::::::::::::::::::::::::::::::::::::	1	Treasurer Name		J
David R. Gabriel			David R. Gabriel_		
Street Address			Street Address		
293 Union Street			293 Union Street		
City	State	Ζφ	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
9. NAMES AND ADDRESSES	OF THE DIRECTORS	S: ("X" BOX FOR ATT	ACHMENT)	PACES BEFORE USING	ATTACHMENTS
Director Name		•	Director Name		
None				·	
Street Address			Street Address	·	••
City	State	7.φ	City	State	Zip
	1	<u></u>			
Director Name	~·····	<i></i>	Director Name		
Street Address	· - · · ·		Street Address	<u> </u>	

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

City

ISSUED SHARES

Number of Shares

100 Shares

State

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

Class/Scries

Common

104953	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements—and that all statements
File Date 2122105 Check No. 4935	Signature of Officer Date
By: FOR SECRETARY OF STATE USE ONLY	David R. Gabriel Print or Type Name of Officer President Title of Officer

Par Value

No Par



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

100 North Main Street Providence, RI 02903-1335 401.222.3040

Corporations Division

Form 630 Rev. 12/03

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

	2004
PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR	2004
ROFII CORPORATION ANNOAL REPORT FOR THE 12.111.	

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST HE TYPED OR PRINTED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 104953 EAST SIDE VISION CARE, INC. 3. Street Address Principal Business Office 02906 Providence 213 Thayer Street 6. SIC Code 5. State of Incorporation 4. Business Phone No. 9290 **RHODE ISLAND** (401)421-4500 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) | FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name Open David R. Gabriel Street Address Street Address 293 Union Street Zip State 0.2871.RI Treasurer Name Portsmouth... Secretary Name David R. Gabrie <u>David R. Gabriel</u> Street Address 293 Union Street 293 Union Street State Zip State City 02871 RT Portsmouth 02871 RI Portsmouth FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) Director Name None Street Address Street Address Zip State City City Director Name Director Name Street Address Sireet Address Zip State City State Zip City 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Class/Scries Number of Shares Par Value Number of Shares Class/Series No Par Common 100 Shares 600 NO PAR VALUE This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 correc File Date Signature of Officer Check No. 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

STOP PLEASE READ INTRUCTION

RM MUST BE TYPED OR PRINTED IN				• •	
orporate 15	Name of Corporation				
104953		ISION CARE, INC.	City	State	Zip
treet Address Principal Business Office	•		Providence	RI	02906
213 Thayer Street		5. State of Incorporation	Providence	KI	6. SIC Code
usiness Phone No. (401 421-4500			_		9290
1		RHODE ISLANI	D ing an optometry b	einess, includi	
tef Description of the Character of Bi of eyes and eye rel NAMES AND ADDRESSES ident Name		The prese	ribing of lenses, CHMENT) FILLIN SPACES Vice President Name	including contac	t lenses.
David R. Gabriel			Open		
ret Address			Street Address		
293 Union Street			•	6	Zip
	State	Zip	City	State	Z.ip
Portsmouth	RI-	02871			
retary Name	,, - , - , ,		Treasurer Name		
David R. Gabriel			David R. Gabr	iel	
reet Address			Street Address		
293 Union Street			293 Union Str		Zip
	State	ZIP	City	State	•
Portsmouth NAMES AND ADDRESSES	RI	02871	Portsmouth	RI ES BÉFORE ÚSING ATT	02871
rector Name None			Director Name		
reet Address					_
· •	State	Zip	City	State	ZIP
lity		147			
Director Name			Director Name	************	•
treet Address			Street Address		- -
			Circ	State	Zip
City	State	Zip	City	2-2-	•
IO. SHARES AUTHORIZED	(*X ² BOX FOR ATT	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMEN	,
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALUE			100 Shares	Common	No Par
		•		•	1

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 seve and correct.

File Date:	1/28/03	
heck No.:	3573	
	0 a	

R SECRETARY OF STATE USE ONLY

David R. Gabriel

Print or Type Name of Officer

President

Signature of Officer



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

(FORM MUST BE TYPED I		<u> </u>			
1. Corporate ID No.	2. Name of Corporat			· · · · · · · · · · · · · · · · · · ·	
104953		ISION CARE, INC.			
3. Street Address Principal Bu	siness Office	· · · · · · · · · · · · · · · · · · ·	City	State .	Zip
213 Thayer	Street		Providence	R.I.	02906
4. Business Phone No.	E 0.0	5. State of Incorporation			6. SIC Code 9290
(401) 421-4		RHODE ISLAI			
over properties of the Cm	of areas conducted in	whose island Conduc	ting an optometry diseases. The pr	ousiness, in	letuaing th
-Siuding Son	tact-lepses.	CURS (eve now non con com	ACHMENT) FILL IN SPACES B	escribing of	Tenses, II
6. NAMES AND ADD President Name	ALSSES OF THE UPPI	LERS TAT BUX FOR ATT	Vice President Name	EFUKE USING ATTACH	MENIS
David R. Ga	hriel .		None		
Street Address	VIICI		Street Address		
293 Union S	treet		•		
City	State	Zip	City	State	Zip
Portsmouth	R.I.	02871			
Secretary Name			Treasurer Name		
David R. Ga	briel		David R. Gabr	riel	
Street Address			Street Address		· · · · · · · · · · · · · · · · · · ·
293 Union S	treet		293 Union Str	eet	
City	State	Zip	City	State	Zip
Portsmouth	R.I.	02871	Portsmouth	R.I.	02871
	RESSES OF THE DIRE	CTORS ("X" BOX FOR A	TTACHMENT) L FILL IN SPACES	BEFORE USING ATTAC	HMENTS
Director Name			Director Name		•
NONE Street Address	<u> </u>	··			
JUCCE Address	****	· · · .	Street Address		
City	State	Zip	City	State	Zip
Discours Management					
Director Name			Director Name		
Street Address			Street Address		
A timmitis			atteet Mantess		
	State	Zíp	City	State	Zip
•			···/		
10. SHARES AUTHOR	RIZED (*X* BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (*)	C ROX FOR ATTACUMENTS	
AUTHORIZZED SHARES	The state of the s		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
	···				

Under penalty of perjury, I declare and affirm that I have examined Signature of Officer DAVID R. GABRIEL
Print or Type Name of Officer

FOR SECRETARY OF STATE USE ONLY

this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct. President

Title of Officer

FARTH 630 12/01



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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

STOP

Filing Period: January	/ 1-March 1 •	Filing Fee: \$50.00			INSTRUCTIONS
(FORM MUST BE TYPED IN BLA	NCK)				
1. Corporate ID No. 104953	2. Name of Corpor EAST SID	E VISION CARE, 1	NC.		
3. Street Address Principal Business	Office		City	State	Zip
213 Thayer Str	eet		Providence	RI	02906
4. Business Phone No.	· • • • • • • • • • • • • • • • • • • •	S. State of Incorporation RHODE ISLA			6. AS&Q
7. Brief Description of the Characte Conducting an related diseas	of Business Conducted optometry ses. The p	hr Rhode. Island business, incorescribing of	luding the exami lenses includin	nation of ey	es and eye
8. NAMES AND ADDRES	SSES OF THE OFF	FICERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACES E	EFUKE USING ATTAC	CHMENIS
		•	:		
David_RGabri	rer		: NONE : Street Address	<u> </u>	
		,	Suret Address		•
293 Union Stre	State	7212	City	State	Zip
City	- f	21p	City	Sinte	2.14
Portsmouth	RI	02871	: Treasurer Name	l	
Secretary Name	1		David R. Gabr	i o 1	
David R. Gabri	Lei			161	
Street Address			Street Address		
293 Union Stre	 		293 Union Str		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	Portsmouth	RI	02871
	SSES OF THE DI	RECTORS ("X" BOX FOR A	TACHMENT) FILL IN SPACE	S BEFORE USING ATT	ACHMENTS
Director Name			Director Name	* `	
None		·	7	. • • • • • • • • • • • • • • • • • • •	<u></u>
Street Address	•	•	Street Address	· ·	•
			<u> </u>		· · · · · · · · · · · · · · · · · · ·
City	State	Zip	City	State	Zip
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Director Name			Director Name		· •
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZ	ED (*X* BOX FOR AT	TTACHMENT)	11. SHARES ISSUED (*	X" BOX FOR ATTACHMEN	(I) (I
AUTHORIZED SHARES			ISSUED SHARES	····	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
600 NO PAR VALU	JE		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 H 5 3 *
File Date:	FILED	
Check No.:	1/JAN 3 0 2001	
By:	By CC 1869 RY OF STATE USE ONLY	
I ON JECKETA	CI OF STATE OSE ONE	•

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

Date

Title of Officer

Title of Officer



(FORM MUST BE TYPED IN BLACK)

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

AR 2000 STOP

1. Corporate ID No. 104953	2. Name of Corpora	VISION CARE, INC.		•	
3. Street Address Principal Business Op 213 Thayer St		<u></u> .	' <i>cny</i> Providence	State RI	zıp 02906
4. Business Phone No. (401)	•	5. State of Incorporation RHODE ISLAND			6. SIC Code 9290
7. Brief Description of the Character o Conducting an optor	f Business Conducted	in Rhode island ess. including the	examination of eye	s and eye rela	ited diseases
The prescribing of 8. NAMES AND ADDRESS	lenses inc	luding contact len	Ses. MENT) FILL IN SPACES BE	FORE USING ATTACI	
President Name			Vice President Name		
<u>David R. Gabriel _</u> Street Address			None Street Address	•	
293 Union Street			!		
City	State	Zip	City	State	Zip
Portsmouth	RI	02871	<u> </u>	* *** *** ***	
Secretary Name			· Treasurer Name		
David R. Gabriel Street Address			David R. Gabriel Street Address		
_293_Union_Street	-		293 Union Street		1 71-
City Portsmouth	RI	02871	Portsmouth	State RI	21p 02871
9 NAMES AND ADDRESS	:		CHMENT) FILL IN SPACES		
Director Name		ECTORS (X BOX TON ATA	Director Name		
None			:		
Street Address		· · · · · · ·	Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State -	T ZIP	City	State	Zip
city	January		•	<u></u>	•
10. SHARES AUTHORIZED	("X" BOX FOR AT	TACHMENT)	11. SHARES ISSUED ("X"	BOX FOR ATTACHMENT	2
Number of Shares	Class/Series	Par Value	Number of Shares	ı Class/Series	Par Value
600 NO PAR VALUE			100	Common	No Par
			100	Common	NO PAI
		•			
This report must be signe	e d in ink by ei	ther the President, Vice I	President, Secretary, Assist	ant Secretary, Treasi	irer, Receiver of
1 INTISI 118	EL ECUEN CUGUN LENGE DEUS	I I 1114 11 Ci			

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FILED

Check No.: FEB 1 0 2000

By: CC 1360

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined