



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**  
**MAR 30 2020**  
 23900  
 OF STATE ONLY

1. Entity ID Number <b>000090289</b>		2. Exact name of the Corporation <b>Coastal Eye Associates , Inc</b>			
3. Principal Office Address <b>17 WElls Street Suite 101</b>			City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
4. NAICS Code <b>621320</b>		6. Brief description of the character of business conducted in Rhode Island <b>The Practice of Optometry</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Holly Misto</b>			Vice-President Name <b>Salvatore Magliari</b>		
Street Address <b>PO box 117</b>			Street Address <b>27 Piezzo Drivve</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Secretary Name <b>Holly Misto</b>			Treasurer Name		
Street Address <b>PO BOX 117</b>			Street Address		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Holly Misto</b>			Director Name <b>Salavtore Magliari</b>		
Street Address <b>PO Box 117</b>			Street Address <b>27 Piezzo Drive</b>		
City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>	City <b>Westerly</b>	State <b>RI</b>	Zip <b>02891</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.			NUMBER OF SHARES		CLASS/SERIES
			PAR VALUE		
			<b>0</b>	<b>CNP</b>	<b>0.00</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Daniel J Urso CPA</b>					Date <b>03/26/20</b>
Signature of Authorized Representative <i>D. J. Urso, CPA</i>					SIGN DOCUMENT HERE

MAIL TO:  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: www.sos.ri.gov