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.	2. Name of Corporation			
95465	MILANO EYEWEAR, INC.			
3. Street Address Principal Business Office: 756 Hopkins Hill Rd	City: W Greenwich	State: RI	Zip: 02817	
4. Business Phone No: 401-397-6644	5. State of Incorporation: RHODE ISLAND		6. SIC Code: 4879	

7. Brief Description of the Character of Business Conducted in Rhode Island: TO SELL EYEWEAR

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

President Name: Joyce Buckley			Vice President Name: Paul Buckley		
Street Address: 756 Hopkins Hill Rd			Street Address: 756 Hopkins Hill Rd		
City: W Greenwich	State: RI	Zip: 02817	City: W Greenwich	State: RI	Zip: 02817
Secretary Name: —			Treasurer Name: —		
Street Address: —			Street Address: —		
City: —	State: —	Zip: —	City: —	State: —	Zip: —

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

Director Name: —			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) ☐ — 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		—	—	—

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

[redacted] [redacted]

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.

Joyce Buckley — 1/1/05
Signature of Officer — *Date*

Joyce Buckley
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 1-12-05
Check No. 1094
By: Dc
FOR SECRETARY OF STATE USE ONLY

Form 630 Rev. 12/03

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	2. Name of Corporation			
95465	MILANO EYEWEAR, INC.			
3. Street Address Principal Business Office: 756 Hopkins Hill Rd		City: W Greenwich	State: RI	Zip: 02817
4. Business Phone No: 401-397-6644	5. State of Incorporation: RHODE ISLAND			6. SIC Code: 4879

7. Brief Description of the Character of Business Conducted in Rhode Island: TO SELL EYEWEAR

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

President Name: Joyce Buckley			Vice President Name: Paul Buckley		
Street Address: 756 Hopkins Hill Rd			Street Address: 756 Hopkins Hill Rd		
City: W Greenwich	State: RI	Zip: 0287	City: W Greenwich	State: RI	Zip: 02817
Secretary Name: —			Treasurer Name: —		
Street Address: —			Street Address: —		
City: —	State: —	Zip: —	City: —	State: —	Zip: —

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

Director Name: —			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) ☐ — **11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE		—	—	—
—			—	—	—

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

[redacted] [redacted]

* 9 5 4 6 5 *

File Date: 1-5-04
Check No.: 1006
By: [signature]

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] 12/31/03
Signature of Officer *Date*

Joyce Buckley
Print or Type Name of Officer

President
Title of Officer

[redacted]

Form 630 Rev. 12/03

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

STOP
PLEASE READ INSTRUCTIONS

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.: 95465
2. Name of Corporation: MILANO EYEWEAR, INC.
3. Street Address Principal Business Office: 756 Hopkins Hill — City: W Greenwich — State: RI — Zip: 02817
4. Business Phone No.: 401 397-6644
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 4879
7. Brief Description of the Character of Business Conducted in Rhode Island: optical frame supplier

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

President Name: Joyce Buckley
Street Address: 756 Hopkins Hill
City: W Greenwich — State: RI — Zip: 02817

Vice President Name: Paul Buckley
Street Address: 756 Hopkins Hill
City: W Greenwich — State: RI — Zip: 02817

Secretary Name: none
Street Address: —
City — State — Zip —

Treasurer Name: none
Street Address: —
City — State — Zip —

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: none
Street Address: —
City — State — Zip —

Director Name: none
Street Address: —
City — State — Zip —

Director Name: none
Street Address: —
City — State — Zip —

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	- none	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
none	0	0

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

* 9 5 4 6 5 *

File Date: 2/14/03

Check No.: 801

By: SR

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.

Joyce Buckley — 1/15/03
Signature of Officer — Date

Joyce Buckley
Print or Type Name of Officer

President
Title of Officer

Form 630 12/02

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

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PLEASE READ INSTRUCTIONS

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.: 95465
2. Name of Corporation: MILANO EYEWEAR, INC.
3. Street Address Principal Business Office: 756 Hopkins Hill Rd — City: W Greenwich — State: RI — Zip: 02817
4. Business Phone No.: 401 397-6644
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 4879
7. Brief Description of the Character of Business Conducted in Rhode Island: optical sales

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

President Name: Joyce Buckley
Street Address: 756 Hopkins Hill Rd
City: W Greenwich — State: RI — Zip: 02817

Vice President Name: Paul Buckley
Street Address: 756 Hopkins Hill
City: W Greenwich — State: RI — Zip: 02817

Secretary Name: - none -
Street Address: - none -
City: - none - — State: none — Zip: none

Treasurer Name: none
Street Address: none
City: none — State: none — Zip: none

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

Director Name: none
Street Address: none
City: none — State: none — Zip: none

Director Name: none
Street Address: none
City: none — State: none — Zip: none

Director Name: none
Street Address: none
City: none — State: none — Zip: none

Director Name: none
Street Address: none
City: none — State: none — Zip: none

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO PAR VALUE	

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
none	none	none

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

* 9 5 4 6 5 *

File Date: 1-9-02

Check No.: 807

By: 2

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: Joyce Buckley — Date: 1/6/02

Print or Type Name of Officer: Joyce Buckley

Title of Officer: President

Form 630 12/01

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
95465	MILANO EYEWEAR, INC.

3. Street Address Principal Business Office	City	State	Zip
756 Hopkins Hill Rd	W Greenwich	RI	02817

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401-397-6644	RHODE ISLAND	4879

7. Brief Description of the Character of Business Conducted in Rhode Island: optical wear sales

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

President Name	Street Address	City	State	Zip
Joyce Buckley	756 Hopkins Hill	W Greenwich	RI	02817

Vice President Name	Street Address	City	State	Zip
Paul Buckley	756 Hopkins Hill Rd	W Greenwich	RI	02817

Secretary Name	Street Address	City	State	Zip
none	none	none	none	none

Treasurer Name	Street Address	City	State	Zip
none	none	none	none	none

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

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		none

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
none	none	none

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

95465

File Date: 1/18

Check No.: 936

By: JC

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.

Joyce Buckley 1/10/01
Signature of Officer *Date*

Joyce Buckley
Print or Type Name of Officer

President
Title of Officer

Form 630 12/00

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

STOP
PLEASE READ INSTRUCTIONS

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.: 95465
2. Name of Corporation: MILANO EYEWEAR, INC.
3. Street Address Principal Business Office: 756 Hopkins Hill Rd — City: W Greenwich — State: RI — Zip: 02817
4. Business Phone No.: 401 392-3644
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 4879
7. Brief Description of the Character of Business Conducted in Rhode Island: sale of opthalmic glasses to opticians + optometrists

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

President Name: Joyce Buckley
Street Address: 756 Hopkins Hill
City: W Greenwich — State: RI — Zip: 02817

Vice President Name:
Street Address: none
City — State — Zip

Secretary Name:
Street Address: none
City — State — Zip

Treasurer Name:
Street Address: none
City — State — Zip

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

Director Name:
Street Address: none
City — State — Zip

Director Name:
Street Address: none
City — State — Zip

Director Name:
Street Address: none
City — State — Zip

Director Name:
Street Address: none
City — State — Zip

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

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	NO	PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
none		

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

95465

File Date: 1/13/00

Check No.: 874

By: Cr

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: Joyce Buckley — Date: 1/11/2000

Print or Type Name of Officer: Joyce Buckley

Title of Officer: President

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

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation
95465	MILANO EYEWEAR, INC.

3. Street Address Principal Business Office	City	State	Zip
756 Hopkins Hill	W Greenwich	RI	02817

4. Business Phone No.	5. State of Incorporation	6. SIC Code
401 392-3644	RHODE ISLAND	4879

7. Brief Description of the Character of Business Conducted in Rhode Island
wholesale of optical-eyeglass frames

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

President Name	Street Address	City	State	Zip
Joyce Buckley	756 Hopkins Hill	W Greenwich	RI	02817

Vice President Name	Street Address	City	State	Zip
none	~~W Greenwich~~ none	none	none	none

Secretary Name	Street Address	City	State	Zip
none	none	none	none	none

Treasurer Name	Street Address	City	State	Zip
none	none	none	none	none

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

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

Director Name	Street Address	City	State	Zip
none	none	none	none	none

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

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE		

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

ISSUED SHARES none

Number of Shares	Class/Series	Par Value

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

[redacted] * 9 5 4 6 5 *

File Date: Jan 19, 99
Check No.: 0738
By: DD. IV
FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Joyce Buckley 1/5/99
Signature of Officer *Date*

Joyce Buckley
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
401-277-3040

STOP
PLEASE READ INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR ~~1998~~

Filing Period: January 1–March 1 • Filing Fee: $50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.	2. Name of Corporation			
95465	MILANO EYEWEAR, INC.			
3. Street Address of Principal Business Office		City	State	Zip
756 Hopkins Hill Rd		W Greenwich	RI	02817
4. Business Phone No.	5. State of Incorporation			6. SIC Code
401 392-3644	RHODE ISLAND			8888

7. Brief Description of the Character of Business Conducted in Rhode Island
optical supplier to optometrists, opticians in R.I.

8. NAMES AND ADDRESSES OF THE OFFICERS (*"X" BOX FOR ATTACHMENT*) ☐

President Name			Vice President Name		
Joyce Buckley			none		
Street Address			Street Address		
756 Hopkins Hill			none		
City	State	Zip	City	State	Zip
W Greenwich	RI	02817	none	none	none
Secretary Name			**Treasurer Name**		
none			none		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none	none	none	none

9. NAMES AND ADDRESSES OF THE DIRECTORS (*"X" BOX FOR ATTACHMENT*) ☐

Director Name			Director Name		
none					
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip
none	none	none			
Director Name			**Director Name**		
Street Address			Street Address		
none			none		
City	State	Zip	City	State	Zip

10. SHARES AUTHORIZED (*"X" BOX FOR ATTACHMENT*) ☐ 11. SHARES ISSUED (*"X" BOX FOR ATTACHMENT*) ☐

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE	Common	none	1000	comma	n.o

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

[redacted]

95465

File Date: 5.14.98

Check No.: 449

By: 100

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.

Joyce L Buckley 3/31/98
Signature of Officer Date

Joyce L Buckley
Print or Type Name of Officer

President
Title of Officer