



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. 67067		2. Name of Corporation GARDEN CITY EYECARE, INC.			
3. Street Address Principal Business Office 1150 Reservoir Avenue Suite L05			City Cranston	State RI	Zip 02920
4. Business Phone No. 943-8151		5. State of Incorporation RHODE ISLAND			6. SIC Code 9290
7. Brief Description of the Character of Business Conducted in Rhode Island TO ENGAGE IN THE PRACTICE OF OPTOMETRY; TO DIAGNOSE ANY OPTICAL DEFICIENCY OR DEFORMITY					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louise DiChiara Pastore			Vice President Name David R. DeRuosi		
Street Address 1150 Reservoir Avenue Suite L05			Street Address 1150 Reservoir Avenue Suite L05		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Frank W. DiChiara			Treasurer Name Louise DiChiara Pastore		
Street Address 1150 Reservoir Avenue			Street Address 1150 Reservoir Avenue		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Frank W. DiChiara			Director Name Louise DiChiara Pastore		
Street Address 1150 Reservoir Avenue Suite L05			Street Address 1150 Reservoir Avenue Suite L05		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Director Name David R. DeRuosi			Director Name		
Street Address 1150 Reservoir Avenue Suite L05			Street Address		
City Cranston	State RI	Zip 02920	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VALUE			300	Common	No par

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



File Date	2-10-05
Check No.	7753
By	<i>[Signature]</i>
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] 2/2/05
Signature of Officer
Louise DiChiara Pastore
Print or Type Name of Officer
President
Title of Officer

CORPORATE ID NO. 67067
GARDEN CITY EYECARE, INC.
2005 ANNUAL REPORT

8. (CONT'D)

ASSISTANT SECRETARY:

DAVID R. DeRUOSI
1150 RESERVOIR AVENUE SUITE L05
CRANSTON, RI 02920

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 IN BLACK)

1. Corporate ID No.

67067

2. Name of Corporation

GARDEN CITY EYECARE, INC.

3. Street Address Principal Business Office

1150 RESERVOIR AVE, SUITE L05

City

CRANSTON

State

RI

Zip

02920

4. Business Phone No.

4019438151

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9290

7. Brief Description of the Character of Business Conducted in Rhode Island

TO ENGAGE IN THE PRACTICE OF OPTOMETRY; TO DIAGNOSE ANY OPTICAL DEFICIENCY OR DEFORMITY

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

President Name

Louise DiChiara Pastore

Vice President Name

David R. DeRuosi

Street Address

1150 Reservoir Avenue Suite L05

Street Address

1150 Reservoir Avenue Suite L05

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

Secretary Name

Frank W. DiChiara

Treasurer Name

Louise DiChiara Pastore

Street Address

1150 Reservoir Avenue, Suite L05

Street Address

1150 Reservoir Avenue, Suite L05

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

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

Director Name

Frank W. DiChiara

Director Name

Louise DiChiara Pastore

Street Address

1150 Reservoir Avenue, Suite L05

Street Address

1150 Reservoir Avenue, Suite L05

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

Director Name

David R. DeRuosi

Director Name

Street Address

Street Address

1150 Reservoir Avenue, Suite L05

Street Address

City

Cranston

State

RI

Zip

02920

City

State

RI

Zip

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

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 COMM NO PAR VALUE

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

Common

No Par

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



6 7 0 6 7

67067 DBC 01/30/04 01:10:55 PM

File Date

3/3/04

Check No.

6916

By:

18

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.

Louise DiChiara Pastore 2/27/04
Signature of Officer Date

Louise DiChiara Pastore

Print or Type Name of Officer

President

Title of Officer

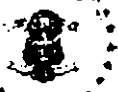
Form 630 12/01

CORPORATE ID NO. 67067
GARDEN CITY EYECARE, INC.
2004 ANNUAL REPORT

8. (CONT'D)

ASSISTANT SECRETARY:

DAVID R. DeRUOSI
1150 RESERVOIR AVENUE SUITE L05
CRANSTON, RI 02920



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 2003

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 67067		2. Name of Corporation GARDEN CITY EYECARE, INC.			
3. Street Address Principal Business Office 1150 Reservoir Avenue, Suite L05		City Cranston	State RI	Zip 02920	
4. Business Phone No. 943-8151		5. State of Incorporation Rhode Island		6. SIC Code 9290	
7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the practice of optometry					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Louise DiChiara Pastore		Vice President Name David R. DeRuosi			
Street Address 1150 Reservoir Avenue, Suite L05		Street Address 1150 Reservoir Avenue, Suite L05			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Frank W. DiChiara		Treasurer Name Louise DiChiara Pastore			
Street Address 1150 Reservoir Avenue, Suite L05		Street Address 1150 Reservoir Avenue, Suite L05			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Frank W. DiChiara		Director Name Louise DiChiara Pastore			
Street Address 1150 Reservoir Avenue, Suite L05		Street Address 1150 Reservoir Avenue, Suite L05			
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
AUTHORIZED SHARES		11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1000	Common	No par	300	Common	No par

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

FILED	
File Date	APR 17 2003
Check No.	
By	By <u>GMA 314961</u>
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.

Louise DiChiara Pastore 4/15/03
Signature of Officer Date
Louise DiChiara Pastore
Print or Type Name of Officer
President
Title of Officer

CORPORATE ID NO. 67067

GARDEN CITY EYECARE, INC.

2003 ANNUAL REPORT

8. (cont'd):

Assistant Secretary:

David R. DeRuosi
1150 Reservoir Avenue, Suite L05
Cranston, RI 02920



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. **67067** 2. Name of Corporation **GARDEN CITY EYECARE, INC.**
3. Street Address Principal Business Office
1150 Reservoir Avenue, Suite L05
4. Business Phone No. **401-943-8151** 5. State of Incorporation **RHODE ISLAND**

City **Cranston** State **RI** Zip **02920**
6. SIC Code **9290**

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the practice of optometry.

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

President Name
Louise M. DiChiara Pastore
Street Address
1150 Reservoir Avenue, Suite L05
City **Cranston** State **RI** Zip **02920**

Vice President Name
Frank W. DiChiara
Street Address
1150 Reservoir Avenue, Suite L05
City **Cranston** State **RI** Zip **02920**

Secretary Name
Frank W. DiChiara
Street Address
1150 Reservoir Avenue, Suite L05
City **Cranston** State **RI** Zip **02920**

Treasurer Name
Louise M. DiChiara Pastore
Street Address
1150 Reservoir Avenue, Suite L05
City **Cranston** State **RI** Zip **02920**

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

Director Name
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

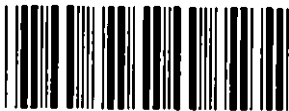
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
300 common stock no par value

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



* 6 7 0 6 7 *

File Date **2-28-02**
Check No. **4987**
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] **2/27/02**
Signature of Officer Date

Louise M. DiChiara Pastore

Print or Type Name of Officer
President

Title of Officer

5

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **67067** 2. Name of Corporation **GARDEN CITY EYECARE, INC.**

3. Street Address Principal Business Office
1150 Reservoir Avenue, Suite L05

City
Cranston

State
RI

Zip
02920

4. Business Phone No.
943-8151

5. State of Incorporation
RHODE ISLAND

6. SIC Code
9290

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the practice of optometry.

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

President Name

Louise M. DiChiara Pastore

Street Address

1150 Reservoir Avenue, Suite L05

City State Zip

Cranston RI 02920

Secretary Name

Frank W. DiChiara

Street Address

1150 Reservoir Avenue, Suite L05

City State Zip

Cranston RI 02920

Vice President Name

Frank W. DiChiara

Street Address

1150 Reservoir Avenue, Suite L05

City State Zip

Cranston RI 02920

Treasurer Name

Louise M. DiChiara Pastore

Street Address

1150 Reservoir Avenue, Suite L05

City State Zip

Cranston RI 02920

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

Director Name

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)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1,000 SHS COMMON NO PAR

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

ISSUED SHARES

Number of Shares Class/Series Par Value

300 common stock no par value

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



* 6 7 0 6 7 *

File Date 2/6/2001

Check No. 3974

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] 2/2/01
Signature of Officer Date

Louise M. DiChiara Pastore
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. **67067** 2. Name of Corporation **GARDEN CITY EYECARE, INC.**

3. Street Address Principal Business Office

1150 Reservoir Avenue, Suite L05

City

Cranston

State

RI

Zip

02920

4. Business Phone No

401-943-8151

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9290

7. Brief Description of the Character of Business Conducted in Rhode Island

To engage in the practice of optometry.

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

President Name

Louise M. DiChiara Pastore

Vice President Name

Frank W. DiChiara

Street Address

1150 Reservoir Avenue, Suite L05

Street Address

1150 Reservoir Avenue, Suite L05

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

Secretary Name

Frank W. DiChiara

Treasurer Name

Louise M. DiChiara Pastore

Street Address

1150 Reservoir Avenue, Suite L05

Street Address

1150 Reservoir Avenue, Suite L05

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMMON NO PAR

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

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

common stock

no par value

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



* 6 7 0 6 7 *

File Date: 2/11/00

Check No.: 3121

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] 2/6/00
Signature of Officer Date

Louise M. DiChiara Pastore

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 1999

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **67087**
2. Name of Corporation **GARDEN CITY EYECARE, INC.**
3. Street Address Principal Business Office
1150 Reservoir Avenue, Suite L05
4. Business Phone No. **943-8151**
5. State of Incorporation **RHODE ISLAND**

City **Cranston** State **RI** Zip **02920**
6. SIC Code **9290**

7. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the practice of optometry.

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

President Name
Louise M. DiChiara Pastore
Street Address
1150 Reservoir Avenue, Suite L05
City **Cranston** State **RI** Zip **02920**

Vice President Name
Frank W. DiChiara
Street Address
1150 Reservoir Avenue, Suite L05
City **Cranston** State **RI** Zip **02920**

Secretary Name
Frank W. DiChiara
Street Address
1150 Reservoir Avenue, Suite L05
City **Cranston** State **RI** Zip **02920**

Treasurer Name
Louise M. DiChiara Pastore
Street Address
1150 Reservoir Avenue, Suite L05
City **Cranston** State **RI** Zip **02920**

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

Director Name

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)

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
300 common stock no par value

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



* 6 7 0 6 7 *

File Date: **Feb 17, 99**
Check No.: **2228**
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] **2/2/99**
Signature of Officer Date

Louise M. DiChiara Pastore

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



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. **67067** 2. Name of Corporation **GARDEN CITY EYECARE, INC.**

3. Street Address Principal Business Office 1150 Reservoir Avenue, Suite L05 City Cranston State RI Zip 02920

4. Business Phone No 943-8151 5. State of Incorporation RHODE ISLAND 6. SIC Code 9290

7. Brief Description of the Character of Business Conducted in Rhode Island
to engage in the practice of optometry

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

President Name Louise M. DiChiara Pastore Street Address 1150 Reservoir Avenue, Suite L05 City Cranston State RI Zip 02920 Secretary Name Frank W. DiChiara Street Address 1150 Reservoir Avenue, Suite L05 City Cranston State RI Zip 02920	Vice President Name Frank W. DiChiara Street Address 1150 Reservoir Avenue, Suite L05 City Cranston State RI Zip 02920 Treasurer Name Louise M. DiChiara Pastore Street Address 1150 Reservoir Avenue, Suite L05 City Cranston State RI Zip 02920
-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

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

Director Name Street Address City State Zip	Director Name Street Address City State Zip
-----------------------------------------------------------	-----------------------------------------------------------

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

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

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

ISSUED SHARES
Number of Shares Class/Series Par Value
300 common stock no par value

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



File Date 2.17.98
Check No. 1453
Per 10P
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.

Louise DiChiara Pastore 2/11/98
Signature of Officer Date
Louise M. DiChiara Pastore
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



PROFIT CORPORATION ANNUAL REPORT 1997

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

67067

2. Name of Corporation

GARDEN CITY EYECARE, INC.

3. Street Address Principal Business Office

1150 Reservoir Avenue, Suite L05

City

Cranston

State

RI

Zip

02920

4. Business Phone No.

(401) 943-8151

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9290

7. Brief Description of the Character of Business Conducted in Rhode Island

To engage in the practice of optometry

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

President Name

Louise M. Dichiaro

Vice President Name

Frank W. Dichiaro

Street Address

1150 Reservoir Avenue, Suite L05

Street Address

1150 Reservoir Avenue, Suite L05

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

Secretary Name

Frank W. Dichiaro

Treasurer Name

Louise M. Dichiaro

Street Address

1150 Reservoir Avenue, Suite L05

Street Address

1150 Reservoir Avenue, Suite L05

City

Cranston

State

RI

Zip

02920

City

Cranston

State

RI

Zip

02920

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

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 AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS COMMON NO PAR

ISSUED SHARES

Number of Shares

Class/Series

Par Value

300

common stock no par value

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



* 6 7 0 6 7 *

File Date: 2/24/97

Check No.: 3177

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] 2/20/97

Louise M. Dichiaro

Print or Type Name of Officer

President

Title of Officer

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations
James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 67067		2. NAME OF CORPORATION GARDEN CITY EYECARE, INC.			
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 1150 Reservoir Avenue, Suite L05		CITY Cranston	STATE RI		
		ZIP CODE 02920			
4. BUSINESS PHONE NO. (401) 943-8151		5. STATE OF INCORPORATION RHODE ISLAND			
		6. SIC CODE 9290			
7. BRIEF DESCRIPTION OF THE CHARACTER OF BUSINESS CONDUCTED IN RHODE ISLAND To engage in the practice of optometry					
8. NAMES AND ADDRESSES OF THE OFFICERS					
PRESIDENT NAME Louise . Dichiaro PASTORE		VICE PRESIDENT NAME Frank W. Dichiaro			
STREET ADDRESS 1150 Reservoir Avenue, Suite L05		STREET ADDRESS 1150 Reservoir Avenue, Suite L05			
CITY Cranston	STATE RI	CITY Cranston	STATE RI		
ZIP CODE 02920		ZIP CODE 02920			
SECRETARY NAME Frank W. Dichiaro		TREASURER NAME Louise . Dichiaro PASTORE			
STREET ADDRESS 1150 Reservoir Avenue, Suite L05		STREET ADDRESS 1150 Reservoir Avenue, Suite L05			
CITY Cranston	STATE RI	CITY Cranston	STATE RI		
ZIP CODE 02920		ZIP CODE 02920			
9. NAMES AND ADDRESSES OF THE DIRECTORS					
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	CITY	STATE		
ZIP CODE		ZIP CODE			
DIRECTOR NAME		DIRECTOR NAME			
STREET ADDRESS		STREET ADDRESS			
CITY	STATE	CITY	STATE		
ZIP CODE		ZIP CODE			
10. SHARES AUTHORIZED AND ISSUED					
AUTHORIZED SHARES			ISSUED SHARES		
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS COMMON NO PAR			300	common stock	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 correct.

File Date: 2/22/96
Check No: 2249
By: CP

Signature of Officer

Louise . Dichiaro PASTORE

Print or Type Name of Officer

President
Title of Officer

2/9/96
Date

For Secretary of State Use Only

State of Rhode Island and Providence Plantations



Office of The Secretary of State

100 North Main Street

Providence, Rhode Island 02903-1335

401-277-3040

ANNUAL REPORT

Please Type or Print

File Annually - Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

FILED
JAN 17 1995By: *LM***ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.**

Corporate ID: 0067067

Annual Report for the year: 1995

Name of Corporation:

GARDEN CITY EYECARE, INC.

Business entity organized under the laws of the State of: Rhode Island

For foreign entity, address and telephone number of principal office:

N/A

Business Entity is (check one):

☒ Business Corporation (See RIGL Chapter 7-1.1)☐ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:
To engage in the practice of optometry

Address and telephone of the principal office of business entity in Rhode

Island (Provide street address - Not P.O. Box):

Louise M. Dichiaro, President

1150 Reservoir Avenue, Suite L05

Cranston, RI 02920

Phone: (401) 943-8151

THE NAMES OF THE OFFICERS ARE:

PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Louise M. Dichiaro	1150 Reservoir Ave., Suite L05	Cranston, RI	02920
VICE PRESIDENT	STREET ADDRESS	CITY/STATE	ZIP CODE
Frank W. Dichiaro	1150 Reservoir Ave., Suite L05	Cranston, RI	02920
SECRETARY	STREET ADDRESS	CITY/STATE	ZIP CODE
Frank W. Dichiaro	1150 Reservoir Ave., Suite L05	Cranston, RI	02920
TREASURER	STREET ADDRESS	CITY/STATE	ZIP CODE
Louise M. Dichiaro	1150 Reservoir Ave., Suite L05	Cranston, RI	02920

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (Rider may be attached)

Number of Shares	Class / Series
1,000	COMMON

NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached)

Number of Shares	Class / Series
300	COMMON

Date: Jan 13, 1995

By: Louise M. Dichiaro

President

Form 31 1/95

TITLE OF OFFICER SIGNING

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

GREGORY P. PICCIRILLI
121 PHENIX AVENUE
CRANSTON RI 02920

Filing Fee \$50.00
Payable to
Secretary of State

PLEASE TYPE or PRINT
State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040

File Annually
LLC Sept 1 - Nov 1
CORP Jan 1 - March 1

Corporate ID: 0067067 Annual Report for the year 1994

Name of Business Entity: GARDEN CITY EYECARE, INC.

Business entity organized under the laws of the State of Rhode Island

Federal Taxpayer Identification Number: _____

For foreign entity, address and telephone number of principal office
N/A

Phone: _____

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box)

Louise M. Dichiaro, President

1150 Reservoir Avenue, Suite 105
Cranston, RI 02920

Phone: (401) 943-8151

Business Entity is (check one)

- ☒ Business Corporation (See RIGL Chapter 7-1.1)
☐ Professional Service Corporation (See RIGL Chapter 7-5.1)
☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed

Louise M. Dichiaro, President

1150 Reservoir Avenue

Suite 105

Cranston, RI 02920

Brief statement of the character of business conducted in Rhode Island

To engage in the practice of optometry

Date of Organization February 21, 1992

Date of Qualification to do business in Rhode Island (if foreign entity)

THE NAMES OF THE OFFICERS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
<input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (SEE RIGL 7-1.1) <u>Louise M. Dichiaro</u>	<u>1150 Reservoir Avenue, Suite 105</u>	<u>Cranston, RI</u>	<u>02920</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> VICE PRESIDENT (SEE RIGL 7-1.1) <u>Frank W. Dichiaro</u>	<u>1150 Reservoir Avenue, Suite 105</u>	<u>Cranston, RI</u>	<u>02920</u>
<input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (SEE RIGL 7-1.1) <u>Frank W. Dichiaro</u>	<u>1150 Reservoir Avenue, Suite 105</u>	<u>Cranston, RI</u>	<u>02920</u>
<input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (SEE RIGL 7-1.1) <u>Louise M. Dichiaro</u>	<u>1150 Reservoir Avenue, Suite 105</u>	<u>Cranston, RI</u>	<u>02920</u>

THE NAMES OF THE DIRECTORS ARE:

NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE
NAME	STREET ADDRESS	CITY/STATE	ZIP CODE

NUMBER OF SHARES AUTHORIZED (if Applicable)

NUMBER 1000

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR without par value

NUMBER OF SHARES ISSUED AND OUTSTANDING (if Applicable)

NUMBER 300

CLASS common

SERIES

PAR VALUE OR WITHOUT PAR without par value

Date Feb. 10 19 94

By Louise Dichiaro

FILED

FEB 22 1994

By Mr 2504

Louise M. Dichiaro

PRINT OR TYPE NAME OF OFFICER OR SHARE

President

PRINT OR TYPE NAME OF OFFICER OR SHARE

Form 31 17M

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the Corporation has changed its registered office and/or registered or resident agent, Form 9 or Form LLC 3 must be filed

VINCENT J. PICCIRILLI
121 PHENIX AVENUE
CRANSTON RI 02920

Filing Fee \$50.00

To be filed annually between
January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

0732 mme

Corporate ID 0067057

Annual Report for the year 1993

FIRST: The name of the corporation is GARDEN CITY EYECARE, INC.

SECOND: It is incorporated under the laws of STATE OF RHODE ISLAND

THIRD: Character of business, briefly stated, is to engage in the practice of optometry

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island 1150 Reservoir Avenue
Cranston, RI 02920

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
	Director	
	Director	
	Director	
Louise M. DiChiara	President	1150 Reservoir Avenue, Cranston, RI
Frank W. DiChiara	Vice President	1150 Reservoir Avenue, Cranston, RI
Frank W. DiChiara	Secretary	1150 Reservoir Avenue, Cranston, RI
Louise M. DiChiara	Treasurer	1150 Reservoir Avenue, Cranston, RI

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1,000	common	MAR 02 1993	without par value

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
300	common		without par value

SEC'Y OF STATE

Dated 19 93

GARDEN CITY EYECARE, INC.

(Name of Corporation)

By

Louise M. DiChiara

Title

President

(Report must be signed by an officer)