

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

Matthew A. Brown, Secretary of State

Corporations Division 100 North Mann Street Providence, RI 62993-1335 401-222 3040

2005

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Corporate ID No.	2 Name of Corpore				
67067		Y EYECARE, INC.		T.	14.
Micci Address Principal But 1150 Reservoi:	• •	a T05	Cynnation	Stale	<i>Ζψ</i> 02020
Busines Phone No	Avenue Suit	e L05 5 State of Incorporates	Cranston	RI	02920 6 SIG Code
943-8151		RHODE ISLANI			9290
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NAMES AND ADDRI	SSES OF THE OFFICE	RS: ("X" BOX FOR AT	TACHMENT) KFILL IN	S SPACES BEFORE USING	ATTACHMENTS
exident Name	_		Vice President Name		
Louise DiChia	ra Pastore		David R. DeR	uosi	
ed Addres 1150 - Dogowycia	m Breamin Chila	T 0.E	Street Address	in Brown Chika I	05
	r Avenue Suite	 	•	ir Avenue Suite I	
Cranston	RI.	^{Ζφ} 02920	Cranston	State RI	^{Ziρ} 02920
retarn Name	1	13	Treasurer Name		
Frank W. DiCh	iara		Louise DiChi	ara Pastore	
ect Address			Street Address	wa rustore	
1150 Reservoi	r Avenue		1150 Reservo	ir Avenue	
e.	State	7 ₁ p	Cui	State	Zip
Cranston	RI	02920	Cranston	RI	02920
NAMES AND ADDRI	SSES OF THE DIRECT	TORS: ("X" BOX FOR A	ATTACHMENT) FILL	IN SPACES BEFORE USIN	NG ATTACHMEN
ee tor Name			Director Name		
Frank W. DiCh	iara		Louise DiChi	ara Pastore	
cet Addres	<u> </u>	- 05	Street Address		
	.150 Reservoir Avenue Suite LO5		1150 Reservoir Avenue Suite L05		
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Cranston	J RI	J' 02920	Cranston	RI	02920
rector Name David R. DeRu		į	Director Name		
red Address	251	•	· · · · · · · · · · · · · · · · · · ·		
	r Avenue Suite	1.05	Street Address		
ty	S'ato	Zıp	City	State	Zip
Cranston	RI	02920	, and the second		
. SHARES AUTHORI	ZED ("X" BOX FOR A	ATTACHMENT) 📋	11. SHARES ISSUED	("X" BOX FOR ATTACH	MENT)
THORIZED SHARES		_	ISSUED SHARES		
inther of Shares	Class/Series	Par Vatae	Number of Shares	Class Series	Par Value
1,000 COMM NO PAR	VALUE		300	0	37
			300	Common	No pai
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This report mu	st be signed in ink by	either the President, Vici	e President, Secretary, Assis	tant Secretary, Treasurer,	Receiver or Trus
I		III 1881 1881			
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		III 1601 180 <u>1</u>		erjury, I declare and affirm th	
· · · · · · · · · · · · · · · · · · ·		 1	including any acco	ompanying schedules and stat	
.a			contained/herein a	re true and correct	~ 1
ile Date 2 - (0-08	_	MWH	DIVINU	~ / c
heck No 77			Signature of Officer	·	$ I_{Da}$
neck No / C			Louise Di	Chiara Pastore	
			Print or Type Name	of Officer	
. A .		1		**	
30					

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 (12903-1335 401 222 3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 -		iling Fee: \$50.00			
(FORM MUST BE TYPED IN BL					
I. Corporate ID No.	2. Name of Carpo				
67067		TY EYECARE, INC.			
3. Street Address Principal Busine			City	State	Zip
1150 RESERVOIR AVE	E, SUITE LOS	5	CRANSTON	RI	02920
4. Business Phone No.		5. Stute of Incorpora	tion		6. SIC Cod
4019438151		RHODE ISLAI	ND		9290
7 Brief Description of the Character TO ENGAGE IN THE PRA	cter of Business Con CTICE OF OPT	ducted in Rhode Island OMBTRY: TO DIAGN	OSB ANY OPTICAL DEFIC	CIENCY OR DEFORMITY	•
8. NAMES AND ADDRESS President Name	ES OF THE OFF	ICERS ("X" BOX FOR		PACES BEFORE USING AT	TACHMENTS
Louise DiChiara Pa	atore		<i>Vice President Name</i> David R. DeRuo	ne i	
Street Address			Street Address	,61	
1150 Reservoir Ave	nue Suite	T.O.S.		Avenue Suite LO	E
Cin	State	Zip	City	State	_
Cranston	RI	02920	Cranston	.ware RI	Zιφ 02920
Secretary Name		02320	Treasurer Name	KI.	02920
Frank W. DiChiara			Louise DiChiar	a Pagtore	
Street Address			Street Address	4 1 400010	
1150 Reservoir Ave	nue. Suite	1.05		Avenue, Suite L	ns
City	State				
Cranston	RI	<i>Σ</i> φ 02920	<i>City</i> Cranston	<i>State</i> R I	Zip 02920
9. NAMES AND ADDRESS Director Name			RATTACHMENT) 🗆 FILL IN		
Frank W. DiChiara			Director Name		
			Louise DiChiar	a Pastore	
Street Address			Street Address		
1150 Reservoir Ave		L05	1150 Reservoir	Avenue, Suite L	05
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
Director Name			Director Name		
David R. DeRuosi					
Street Address			Street Address		
1150 Reservoir Ave					_
City	State	Zip	City	State	Zip
Cranston	RT	02920			
10. SHARES AUTHORIZE	D ("X" BOX FOR	ATTACHMENT) 🔲	11. SHARES ISSUED (*	'X" BOX FOR ATTACHMEN	m 🗆
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shures	Class/Series	Par Value	Number of Shares	Cluss/Series	Par Value
1,000 COMM NO PAR V	ALUE		300	Common	No Par
This report must be signed		er the President, Vice			
IE ANTH FROM TONIO	BAN Le b				



67067 D	BC 0	1/30)/04 (01:10:55 PM	
File Date	_3	3	0		
Check No.	6º	JT.	(D)		
В <u>у:</u>	لال				
FOR SECRE	TARY	OF S	TATE	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

Print or Type Name of Officer

President

Tale 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



Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

PROFIT CORPO	RATION A	NNUAL REPO	RT FOR TH	E YEAR	
Filing Period: January 1 - N FORM MUST BE TYPED IN BL	March I 🛡 Fili	ng Fee: \$50.00			
1. Corporate ID No. 67067	2. Name of Corpora	tion N CITY EYECAF	RE, INC.		
3. Street Address Principal Busines	ss Office	•	City	State	7.ip
1150 Reservoir		Suite L05	Cransto		02920
4. Business Phone No.	·	5 State of Incorporation			6. SIC Code
943-8151		Rhode Is	land		9290
7 Brief Description of the Charact	ter of Business Condu			(C)	3230
To engage in t			trv		
8. NAMES AND ADDRESSE President Name	ES OF THE OFFIC	CERS ("X" BOX FOR ATT	ACHMENT) STILL 19 Vice President Name	N SPACES BEFORE USING AT	FACHMENTS
Louise DiChian			David R. Street Address	DeRuosi	
1150 Reservoir	Avenue,	Suite L05	1150 Res	servoir Avenue,	Suite L05
City	State	Zıp	City	State	Zip
Cranston Secretury Name	RI	02920	Cranston Treasurer Name	n RI	02920
Frank W. DiChi	iara		Louise D	DiChiara Pastore	e
Street Address	_		Street Address		
ll50 Reservoir			1150 Res	servoir Avenue,	Suite L05
City Cranatan	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston		02920
Director Name		CTORS ("X" BOX FOR A	TTACHMENT) TRLL Director Name	IN SPACES BEFORE USING A	FTACHMENTS
Frank W. DiChi	iara		Louise	DiChiara Pastor	re
Street Address			Street Address		
1150 Reservoir	Avenue,	Suite L05 Zip	1150 Re	eservoir Avenue,	, Suite L05
Cranston Director Name	RI	02920	Cransto Director Name	on RI	02920
David R. DeRuc	osi				至
Street Address			Street Address		- : ::
ll50 Reservoir	: Avenue, State	Suite L05	<u> </u>		
Cranston	RI	<i>Ζψ</i>	City	State	Zip .
		02920			
10. SHARES AUTHORIZED AUTHORIZED SHARES	CX" BUX PURAL	INCHMENT) [("X" BOX FOR ATTACHMENT)	
	Class/Series	Par Value	ISSUED SHARES 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

File Date	FILED
Check No.	APR 17 2003
By:	By CM 34961
FOR SECRET	ARY 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
Prinu or Type Name of Officer

President

Title of Officer

Form 630 12/01

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

Edward S. Inman, III. Secretary of State
Corporations Division

100 North Main Street, Providence, RI 02903-1335

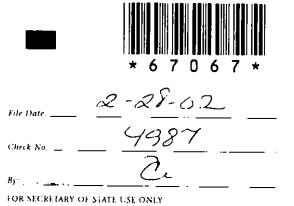
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR __2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

STOP PILASI READ INSTRUCTIONS

FORM MUST BE TYPED IN BLAC	OK)				
1. Corporate ID No.	2 Name of Corpura				
67067	GARDEN CI	ITY EYECARE, INC.			
3. Street Address Frincipal Business t 1150 Reservoir Aven			Cranston	State RI	21p 02920
4 Business Phone No 401-943-8151		5. State of Incorporation RHODE ISLA			6 SIC Code 9290
7 Brief Description of the Character To engage in the prac		n Rhode Island			3200
8. NAMES AND ADDRESS President Name	SES OF THE OFFI	ICERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTACHM	IENTS
Louise M. DiChiara I	Pastore		Frank W. DiCh	iara	
1150 Reservoir Aven	ue, Suite L05		1150 Reservoir	Avenue, Suite L05	
City	State	Zip	City	Mate	Zip
Cranston Secretary Name	RI	02920	Cranston Treasurer Name	RI	02920
Frank W. DiChiara			Louise M. DiCh	niara Pastore	
1150 Reservoir Aven	ue, Suite L05	Zip	1150 Reservoir	Avenue, Suite L05	Zip
Cranston	RI	02920	Cranston	RI	02920
O. NAMES AND ADDRESS Ottector Name	ES OF THE DIRE	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPAC Director Name	CES BEFORE USING ATTACH	IMENTS
itrect Address			Street Address		
lite.	State	Zip	City	State	Zıp
Suector Name			Director Name	•	
treet Address			Street Address		
Day	State	Zip	Gity	State	Zip
O. SHARES AUTHORIZED	(*X* BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED	("X" BOX FOR ATTACHMENT)	
lumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 COMM NO PAR VAL	UE		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.

Significant of Officer Date

Louise M. DiChiara Pastore

Print or Type Name of Officer President

Title of Officer

Form 630 12/01

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

Tilling Periou. Junuary 1-March 1	•	riting ree: 350.00
(FORM MUST BE TYPED IN BLACK)		

1 Corporate ID No. 67067	2. Name of Corpora GARDEN CI	TY EYECARE, IN	c.		
3 Street Address Principal Busin 1150 Reservoir	_	L05	^{city} Cranston	State RI	⁷ 62920
4 Husiness Phone No. 943-8151	,	5. State of Incorporation RHODE ISLA			6. SIC Code 9290
7. Buef Description of the Chara To engage in th					
8. NAMES AND ADDR President Name	ESSES OF THE OFFI	CERS ("X" BOX FOR ATT	ACHMENT) FILL IN SPACE Vice President Name	S BEFORE USING ATTACH	IMENTS
Louise M. DiChi	ara Pastore		Frank W. DiCh	iara	
1150 Reservoir	Avenue, Suite	LO5 zip	1150 Reservoi	r Avenue, Suite LO)5 _{Zip}
Cranston Secretary Name	RI	02920	Cranston Treasurer Name	RI	02920
Frank W. DiChia	ara		Louise M. Did	hiara Pastore	
1150 Reservoir	Avenue, Suite	1.05 Zip	1150 Reservoi	r Avenue, Suite LO)5 _{Zip}
Cranston 9. NAMES AND ADDR Director Name	RI ESSES OF THE DIRI	02920 ECTORS ("X" BOX FOR A	Cranston ATACHMENT) FILL IN SPA C Director Name	RI ces before using attac	02920 C HMENTS
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	Gity	State	Zip
10. SHARES AUTHORI.	ZED (*X* BOX FOR ATT.	ACHMENT)	11. SHARES ISSUED	(*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
	ION NO PAR				
1,000 SHS COMP	1011 110 1 AK		300	common stock	no par value

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-	* 6 7 0 6 7 *
File Date	2/6/2001
Check No.	
By: FOR SECRETARY OF ST.	ATE 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 M. DiChiara Pastore Print or Type Name of Officer

President



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

I CAN DO A SALLET .	OF THREE !	11 81 4 50)		

(FORM MUST HE TYPED IN	BLACK)				
1. Corporate ID No. 67067	2. Name of Corpo. GARDEN C	ITY EYECARE, INC.			
3. Street Address Principal Bus	iness Office		City	State	Zip
1150 Reservoir Ave	enue, Suite L05		Cranston	RI	02920
4 Business Phone No 401-943-8151		5. State of Incorporation RHODE ISLAND			e. 95 89.
7. Brief Description of the Cha To engage in the pr	racter of Busyness Conducted actice of optometr	l in Rhode Island Y·			
8. NAMES AND ADD President Name Louise M. DiChiara		FICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACE Vice President Name Frank W. DiChiara	S BEFORE USING ATTACHN	1ENTS
street Address 1150 Roscrvoir Ave	enue, Suite L05		Street Address i 150 Reservoir Av	venue, Suite L05	
city Cranston	State RI	02920	Cranston	State RI	^{zip} 02920
Secretary Name			Treasurer Name		-
Frank W. DiChiara Street Address			Louise M. DiChia	ra Pastore	
1150 Reservoir Ave	enue, Suite L05	Zip	1150 Reservoir Av	venue, Suite L05	Zip
Cranston	RI	02920	Cranston	RI	02920
9: NAMES AND ADD Director Name	RESSES OF THE DI	RECTORS ("X" BOX FOR ATIA	CHMENT) FILL IN SPA Director Name	CES BEFORE USING ATTAC	HMENTS
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 AUTHOR	RIZED ("X" BOX FOR A	ITACHMENT)	11. SHARES ISSUED) ("X" BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COM	MON 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



File Date:	2/11/00	
Check No.:	3121	
C.RECK NO.:	7.	
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 M. DiChiara Pastore

Print or Type Name of Officer

President





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

STOP PIJ AM READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

2. Name of Corporation

GARDEN CITY EVECARE INC

1. Corporate ID No.

87087

01001	WALLE	N OILL ELECANE,	, 1110.		
3. Street Address Principal Busines	s Office		City	State	ZIp -
1150 Reservoir	Avenue,	Suite LO5	Cranston	RI	02920
4. Business Phone No.		5. State of Inco	•		6. SIC Code
943-8151		RHODE	ISLAND		9290
7. Brief Description of the Charact	•				
To engage in th	•	-	•		
8. NAMES AND ADDRE	SSES OF THE (OFFICERS (*x* BOX FO	OR ATTACHMENT) FILL IN SPACE	ES BEFORE USING ATT	ACHMENTS
President Name	iawa Dast		Vice President Name	Chiana	; }
Louise M. DiCh:	lara Past	ore	Frank W. Di	Chiara	
1150 Reservoir	4442240	9.456 TO5	Street Address	voir Avenue,	Suite 105
TITOO KESELVOIT	State	SMILLE IDD Zip	City SUSSELV	State	1
Cranston	RI	02920	Cranston	RI	7ip 02920
Secretary Name		02,20	Treasurer Name	•••	
Frank W. DiChia	ara			DiChiara Past	ore
Street Address			Street Address		
1150 Reservoir	Avenue,	Suite LO5	1150 Reserv	oir Avenue,	Suite LO5
City	State	Zip	City	State	Zip
Cranston	RI	02920	Cranston	RI	02920
9. NAMES AND ADDRE	SSES OF THE I	DIRECTORS (*x* BOX	FOR ATTACHMENT) FILL IN SPA	CES BEFORE USING A	ITACHMENTS
Director Name			Director Name	·	
Street Address			Street Address		
C:-					-
City	State	Zip	City	State	Zip
Director Name			Director Name	••	
Street Address			Street Address		
City	State	ZIp	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	ED (*x* Box for	ATTACHMENT)	11. SHARES ISSUED) ("X" BOX FOR ATTACHM	ENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMMO	N NO PAR		200		
.,			300	common s	tock no par value
					<u>}</u>
This report must be sig	ned in ink by	either the Presiden	it, Vice President, Secretary, A	ssistant Secretary, Tre	asurer, Receiver or Trustee
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i		 			

	* 6 7 0 6 7 *
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Ву:	30.
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 begin are true and correct.

Silva ADO Part 3

Louise M. DiChiara Pastore

Print or Type Name of Officer

President

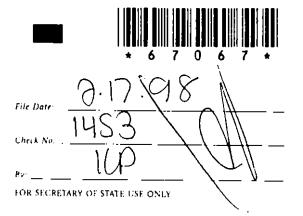


James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN B.	LACK)				
1. Corporate ID No. 67067	2. Name of Corpora GARDEN C	ITY EYECARE, INC.			
3. Street Address Principal Busine 1150 Reservoir Av		.05	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 Charac to engage in the					
8. NAMES AND ADDRE	SSES OF THE OFF	ICERS (*X* BOX FOR ATTACE	IMENT) Vice President Name		
Louise M. DiChiar	a Pastore		Frank W. DiCh	iara	
Street Address 1150 Reservoir Av	venue, Suite L	.05	Street Address 1150 Reservoi	r Avenue, Suite LO5	
Cranston	State RI	^{Zip} 02920	city Cranston	State RI	zip 02920
Secretary Name Frank W. DiChiara		00720	Treasurer Name Louise M. Dic		02720
Street Address 1150 Reservoir Av	venue, Suite L	.05	succi Address 1150 Reservoi	r Avenue, Suite LO5	
Cranston	State RI	71p 02920	<i>cw</i> Cranston	State RI	^{zip} 02920
9. NAMES AND ADDRE	SSES OF THE DIR	ECTORS (*x* box for atta			
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Ζιρ
10. SHARES AUTHORIZ. AUTHORIZED SHARES	ED (*x* box for att.	ACHMENT)	11. SHARES ISSUE	D (*X* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS COMMO	N 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.

Louise M. DiChiara Pastore

Print or Type Name of Officer

President



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 BLAC	ck)				COMPUTING
1. Corporate ID No. 67067	2. Name of Carparation GARDEN CITY	EYECARE, INC.			
3. Street Address Principal Business C		•	City	State	Zip
1150 Reservoir A	venue, Suite LO)5 5. State of Incorporation	Cranston	RI	02920 6. SIC Code
(401) 943-8151 7. Brief Description of the Character of Business Conducted in Rho		RHODE ISLAND de Island			9290
To engage in the 8. NAMES AND ADDRESS	practice of open control practice of the officer	otometry RS ("x" box for attachm	IENT)		
President Name Louise M. Dichiai	ra		Vice President Name		
Street Address		NE	Frank W. Dichia	ara	
1150 Reservoir Av Cranston	State RI	Zip	$\frac{1150}{cay}$ Reservoir	Avenue, Suite LO5	Zip
Secretary Name	_	02920	Cranston Treasurer Name	RI	02920
Frank W. Dichiara	3		Louise M. Dich	iara	
1150 Reservoir Av	venue, Suite LO)5 zip	1150 Reservoir	Avenue, Suite LO5	Z1p
Cranston 9. NAMES AND ADDRESS Director Name	RI es of the directo	02920 D RS (*x* box for attaci	Cranston HMENT) Director Name	RI .	02920
Street Address			Mreet Address		
Ony	State	Zip	City	State	Zıp
Director Name			Director Name		
itreet Address			Street Address		
Tity	State	Zip	City	State	71p
10. SHARES AUTHORIZED	AND ISSUED ("X" BO	OX FOR ATTACHMENT)	loca will a financia		
Number of Shares	Class/Series	Par Value	ISSUED SHARES 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

	* 6 7 0 6 7 *
⁸ ile Date;	3/24/97
Theck No.:	317/
By	_ W/ SEC

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 M. Dichiara _______

<u>President</u>

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

	TT 1.021.000.00.00.00	PLEASE TYPE OR	PRINT IN BLACK INK.		
CORPORATE IO NO.	2 HAME OF CORPORATION				
67067	(CITY EYECARE,			
1150 Reservoir Avenue, Suite LO5			Cranston	STATE RI	02920
BUSINESS PHONE NO. 5. STATE OF INCORPORATION				 	6. SIC COOE
(401) 943-8151		RHODE IS	SLAND	•	9290
the insortion or the distriction of the p	oractice of op	tometry			
RESIDENT NAME	· . 8. NAM	ES AND ADOR	ESSES OF THE OF	FICERS	
	PRSTORE		Frank W. Dichia	ıra	
1150 Reservoir Ave	enue, Suite LO		- I	Avenue, Suite L	
Cranston	RI	zir ασδε 02920	Cranston	RI	21F 000E 02920
Frank W. Dichiara			TREASURER NAME Louise : Dichiara PASTORE STREET NOORESS		
1150 Reservoir Ave	· · · · · · · · · · · · · · · · · · ·		1150 Reservoir	Avenue, Suite LO	05
Cranston	RI	02920	Cranston	STATE	721 COOK 02920
KRECTOR NAME	9. NAM	ES AND ADDR	ESSES OF THE DI	RECTORS	
TREET ADDRESS			STREET ADDRESS		
лү	STATE	ZIP C000E	ärv	STATE	ZP C006
MECTON KAME			DERECTOR NAME		
TREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		STREET ADORESS		
πř	STATE	ZIP CODE	aiv	STATE	ZP C00K
	10. SH	RES AUTHOR	IZED AND ISSUED		
_ /	AUTHORIZED SHARES		-	ISSUED SHARES	الاستيماني بهرم جميليوس
MUMBER OF SHARES	CLASS/SERES	PARVALUE	MUMBER OF SHARES	QLASS / SERIES	PAR VALUE
1,000 SHS CO	MMON 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



File Date:	2/22/96
Check No:	22.49
By:	P

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 the ein are true and correct.

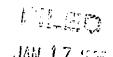
Signature of Officer

Louise Dichiara PASTORE

Print or Type Name of Officer

President_ Title of Officer 2/9/54 Date 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

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED. 0067067

Corporate ID:

Annual Report for the year:

1995

Name of Corporation:

GARDEN CITY EYECARE, INC.

Rhode Island

Business entity organized under the laws of the State of: For foreign entity, address and telephone number of principal office:

Business Entity is (check one):

[X] Business Corporation (See RIGL Chapter 7-1.1)

1 Professional Service Corporation (See RIGL Chapter 7-5.1)

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

Phone: (

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

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

Louise M. Dichiara, President 1150 Reservoir Avenue, Suite LO5 Cranston, RT 02920

Phone: (401) 943-8151

	THE NAMES OF I	HE OFFICERS ARE		
	STREET AL	DDRESS	CITY/STATE	ZJP CODE
c <u>hiara</u>				02920
	STREET AL	DORESS	CUY/STATE	ZIP CODE
ni <u>ara</u>	1150 Reserve	oir Ave., Suite		02920
				ZIP CODE
<u>niara</u>	1150 Reservo	oir Ave., Suite		02920
	STREET A!	DDRESS	CITY/STATE	ZIP CODE
chiara	_ <u>1150 Reserve</u>	oir Ave., Suite	LO5 Cranston, RI	02920
	THE NAMES OF TI	HE DIRECTORS ARI	 E :	
	STREET AL	DDRESS	CITY/STATE	ZiP CODE
	STREET AL	DDRESS	CITY/STATE.	ZIP CODE
	STREET AL	DDRESS	CHYSTATE	ZIE CODE
HORIZED (Rider may be atta		NUMBER OF SHARES	ISSUED AND OUTSTANDING (Rider may be attached)
Class / Series		Number of Shares	Class / Series	
соптоп		300	common	
		PESIMENMOPPICER SIGNING REFICER SIGNING		
DESIGNATED	REGISTERED AG	ENT FOR SERVICE	OF PROCESS:	
	HORIZED (Rider may be atta Class / Series COMMON	Chiara 1150 Reserve STREET AND	Chiara 1150 Reservoir Ave., Suite STREET ADDRESS Aiara 1150 Reservoir Ave., Suite STREET ADDRESS Aiara 1150 Reservoir Ave., Suite STREET ADDRESS Chiara 1150 Reservoir Ave., Suite STREET ADDRESS STREET ADDRESS	Third and the street address and the street address are city state. STREET ADDRESS CITY STATE STREET ADDRESS CITY STATE STREET ADDRESS CITY STATE CITY

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

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

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

Corporate ID: 0057067	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 Is	land Business Entity is (check one):
Federal Taxpayer Identification Number	 [X] Business Corporation (See RIGL Chapter 7 : 1) [-] Professional Service Corporation (See RIGL Chapter 7-5 1) [-] Limited Liability Company (See RIGL 7-16)
For foreign entity, addiess and telephone number of principal office N/A	Name, title and mailing address of contact person to whom communications may be directed
	Louise M. Dichiara, President 1150 Reservoir Avenue
Phone !	Suite 105
Address and telephone of the principal office of business entity in Rhod Island (Provide street address - Not P.O. Box)	
Louise M. Dichiara, President	To engage in the practice of optometry
1150 Reservoir Avenue ., Suite 105 Cranston, RI 02920	Date of OrganizationFebruary 21, 1992
Phone: (401) 943-8151	Date of Qualification to do husiness in Rhode Island (if foreign entity)
THE NAME	ES OF THE OFFICERS ARE:
Louise M. Dichiara 1150 R	eservoir Avenue, Suite LOS Cranston, RI 02920
Frank W. Dichiara 1150 R	STATE ADDRESS CTUSTATE 717.09. Reservoir Avenue, Suite LOS Cranston, RI 02920 STRECT SORRESS CHI STATE 2.00000
Frank W. Dichiara 1150 R	deservoir Avenue, Suite LO5 Cranston, RI02920
Touise M. Dichiara 1150 R	Reservoir Avenue, Suite LOS Cranston, RI 02920
THE NAME	SOF THE DIRECTORS ARE: STREET ADDRESS CITY-STATE // // // // // // // // // // // // //
NAM.	\$1MBETADDRESS C.155 (ATE 2 POID)
NAME:	STREET ADDRESS CLUSSTATE ZIPCODE
NUMBER OF SHARES AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable)
NUMBER 1000	NUMBER 300
CLASS CONTROL	CLASS COMMON
SERIES	SERIES
PAR VALUE OR WITHOUT PAR without par value	PAR VALUE OR without par value
Date Feb. 10	By Hause Di O
FILED	Louise M. Dichiara
FEB 2 2 1994	President
By UM 2514	
DESIGNATED REGISTERED OF	R RESIDENT AGENT FOR SERVICE OF PROCESS:

Form 31 1185

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

Corporate ID	0067067		Annual Report for the ye	ar <u>1909</u>		
FIRST: The name of the corporation is			GARDEN Cliy EYECARE. IMC.			
Second:	It is incorporated t	inder the laws of	STATE OF RHODE ISLAND			
THIRD: Character of business, briefly stated, is			to engage in the practic	e of optometry		
Fourth:	If foreign corporat	ion, address of its pri	ncipal office			
Fіггн: В	usiness address in R	hode Island	1150 Reservoir Avenue			
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Cranston, RI 02920			
Sixth: N	lames and addresses	s of its directors and o	Officers: Address (including numbe	(Attach rider if necessary)		
***************************************	•••••••••••••••••••••••••••••••	Director		·····		
		Director				
		Director				
Louise M. D	iC hiara	President	1150 Reservoir Avenue,	Cranston, RI		
Frank W. Di	Chiara	Vice Presider	nt 1150 Reservoir Avenue,	Cranston, RI		
Frank W. Di	Chiara	Secretary	1150 Reservoir Avenue,	Cranston, RI		
louise M. D	iChiara	Treasurer	1150 Reservoir Avenue,	Cranston, RI		
Seventh:	Number of Shares	s authorized:		Par Value or statement that shares are without		
No of Share	3	Class	Series, 3 12 5	par value		
1,000		common	MAR 0 2 1993 wit	hout par value		
Еібнтн:	Number of Shares	issued:	SEC'Y OF STATE	Par Value or statement that shares are without		
No. of Shares	S	Class	Series	par value		
300		common	wi	thout par value		
Dated			GARDEN CITY EYECARE, INC	 M_		
(Repo	ort must be signed by a	By n officer) Ti	tle President			