



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2020

**1. ID No.** 001698236

**2. Exact Name of the Limited Liability Company** Visions of Independence, LLC

**3. State of Formation**

State: MA

**ARTICLE III**

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621340

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

GROUP OCCUPATIONAL THERAPY PRACTICE THAT WORKS WITH LOW VISION PATIENTS

**5. Principal Office Address**

No. and Street: 34 CREST ROAD WAY

City or Town: SHARON

State: MA

Zip: 02067

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: Contact Title:

No. and Street: 34 CREST ROAD WAY

City or Town: SHARON

State: MA

Zip: 02067

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	ELLIOT FELDMAN	34 CREST ROAD WAY SHARON, MA 02067 USA

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

NANCY DORSEY 5 NINTH AVENUE WARWICK , RI 02886

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 16 Day of October, 2020 at 11:48:42 AM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ELLIOT M. FELDMAN  
Signature of Authorized Person

Form No. 632  
Revised 09/07

© 2007 - 2020 State of Rhode Island  
All Rights Reserved