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
99893	JOSEPH V. GIRGENTI, O.D. INC.

3. Street Address Principal Business Office	City	State	Zip
c/o 190 Marjoram Drive	Cranston	RI	02921

4. Business Phone No.	5. State of Incorporation	6. SIC Code
934-2800	RHODE ISLAND	9290

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE OPTOMETRY SERVICES.

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

President Name	Vice President Name
Joseph Girgenti	Jacqueline Girgenti
Street Address: 190 Marjoram Drive	Street Address: 190 Marjoram Drive
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921
Secretary Name	**Treasurer Name**
Joseph Girgenti	Joseph Girgenti
Street Address: 190 Marjoram Drive	Street Address: 190 Marjoram Drive
City: Cranston, State: RI, Zip: 02921	City: Cranston, State: RI, Zip: 02921

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

Director Name	Director Name
Joseph Girgenti	
Street Address: 190 Marjoram Drive	Street Address:
City: Cranston, State: RI, Zip: 02921	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*
8,000 COMM $1.00 PAR VALUE			1,000	COMMON	$ 1.00

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.

Joseph V. Girgenti — 2/22/05
Signature of Officer — *Date*

Joseph V. Girgenti
Print or Type Name of Officer

President
Title of Officer

[redacted]

File Date 2/25/05
Check No. 3156
By: CCA
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 Stree
Providence, RI 02903-133
401.222.304

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			
99893	JOSEPH V. GIRGENTI, O.D. INC.			
3. Street Address Principal Business Office		City	State	Zip
c/o 190 Marjoram Drive		CRANSTON	RI	02921
4. Business Phone No.	5. State of Incorporation			6. SIC Code
934-2800	RHODE ISLAND			9290

7. Brief Description of the Character of Business Conducted in Rhode Island
TO PROVIDE OPTOMETRY SERVICES.

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

President Name: Joseph Girgenti	Vice President Name: Jacqueline Girgenti
Street Address: 190 Marjoram Drive	Street Address: 190 Marjoram Drive
Secretary Name: Joseph Girgenti	Treasurer Name: Joseph Girgenti
Street Address: 190 Marjoram Drive	Street Address: 190 Marjoram Drive
City: Cranston State: RI Zip: 02921	City: Cranston State: RI Zip: 02921

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

Director Name: Joseph Girgenti	Director Name:
Street Address: 190 Marjoram Drive	Street Address:
City: Cranston State: RI Zip: 02921	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
8,000 COMM $1.00 PAR VALUE			4000	COMMON	$1.00

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

[redacted]

99893

File Date 3.16.04
Check No. 2881
By: ICP
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.

Joseph V Girgenti — 3/14/04
Signature of Officer — *Date*

Joseph V. Girgenti
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.: 99893
2. Name of Corporation: JOSEPH V. GIRGENTI, O.D. INC.
3. Street Address Principal Business Office: c/o 190 MARJORAM DRIVE — City: CRANSTON — State: RI — Zip: 02921
4. Business Phone No.: (401) 934-2800
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9290
7. Brief Description of the Character of Business Conducted in Rhode Island:

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

President Name: JOSEPH V. GIRGENTI
Street Address: 190 MARJORAM DRIVE
City: CRANSTON State: RI Zip: 02921

Vice President Name: JACQUELINE F. GIRGENTI
Street Address: 190 MARJORAM DRIVE
City: CRANSTON State: RI Zip: 02921

Secretary Name: JOSEPH V. GIRGENTI
Street Address: 190 MARJORAM DRIVE
City: CRANSTON State: RI Zip: 02921

Treasurer Name: JOSEPH V. GIRGENTI
Street Address: 190 MARJORAM DRIVE
City: CRANSTON State: RI Zip: 02921

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

Director Name: JOSEPH V.GIRGENTI
Street Address: 190 MARJORAM DRIVE
City: CRANSTON State: RI Zip: 02921

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
8,000	COMM	$1.00

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	COMMON	$1.00

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

99893

File Date: 1-15-03

Check No.: 2548

By: JL

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.

Joseph V. Girgenti 1/12/03
Signature of Officer *Date*

JOSEPH V. GIRGENTI
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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 99893
2. Name of Corporation: JOSEPH V. GIRGENTI, O.D. INC.
3. Street Address Principal Business Office: c/o 190 MARJORAM DRIVE — City: CRANSTON — State: RI — Zip: 02921
4. Business Phone No.: (401) 934-2800
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9290
7. Brief Description of the Character of Business Conducted in Rhode Island: 9290 Optometrist

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

President Name: JOSEPH V. GIRGENTI
Street Address: 190 MARJORAM DRIVE
City: CRANSTON State: RI Zip: 02921

Vice President Name: JOSEPH V. GIRGENTI
Street Address: 190 MARJORAM DRIVE
City: CRANSTON State: RI Zip: 02921

Secretary Name: JOSEPH V. GIRGENTI
Street Address: 190 MARJORAM DRIVE
City: CRANSTON State: RI Zip: 02921

Treasurer Name: JOSEPH V. GIRGENTI
Street Address: 190 MARJORAM DRIVE
City: CRANSTON State: RI Zip: 02921

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

Director Name: JOSEPH V. GIRGENTI
Street Address: 190 MARJORAM DRIVE
City: CRANSTON State: RI Zip: 02921

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
8,000	COMM	$1.00 PAR VALUE

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	COMMON	$1.00

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

[redacted]

* 9 9 8 9 3 *

[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.

Joseph V Girgenti 2/28/02
Signature of Officer *Date*

JOSEPH V. GIRGENTI
Print or Type Name of Officer

PRESIDENT
Title of Officer

File Date: 4/1/02

Check No.: 2300

By: COM

FOR SECRETARY OF STATE USE ONLY

[redacted]

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.: 99893
2. Name of Corporation: JOSEPH V. GIRGENTI, O.D. INC.
3. Street Address Principal Business Office: c/o 190 Marjoram Drive — City: Cranston, — State: RI — Zip: 02921
4. Business Phone No.: (401) 934-2800
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9290
7. Brief Description of the Character of Business Conducted in Rhode Island: Optometrist

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

President Name: Joseph V. Girgenti
Street Address: 190 Marjoram Drive
City: Cranston, State: RI Zip: 02921

Vice President Name: SAME
Street Address:
City: State: Zip:

Secretary Name: SAME
Street Address:
City: State: Zip:

Treasurer Name: SAME
Street Address:
City: State: Zip:

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

Director Name: Joseph V. Girgenti
Street Address: 190 Marjoram Drive
City: Cranston, State: RI Zip: 02921

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
8,000	COMM	$1.00 PAR VAL

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

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
1,000	COMMON	$1.00

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

[redacted]

99893

File Date: 2/15/2001

Check No.: 2

By:

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.

Joseph V. Girgenti — 2/14/01
Signature of Officer — *Date*

Joseph V. Girgenti
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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 99893
2. Name of Corporation: JOSEPH V. GIRGENTI, O.D. INC.
3. Street Address Principal Business Office: c/o 190 Marjoram Drive — City: Cranston — State: RI — Zip: 02921
4. Business Phone No.: (401) 934-2800
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9290
7. Brief Description of the Character of Business Conducted in Rhode Island: Optometrist

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

President Name: Joseph V. Girgenti, OD
Street Address: 190 Marjoram Drive
City: Cranston — State: RI — Zip: 02921

Vice President Name: Same
Street Address:
City — State — Zip

Secretary Name: Same
Street Address:
City — State — Zip

Treasurer Name: Same
Street Address:
City — State — Zip

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

Director Name: Joseph V. Girgenti
Street Address: 190 Marjoram Drive
City: Cranston — State: RI — Zip: 02921

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
8,000	COMM	$1.00 PAR VAL

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

ISSUED SHARES

Number of Shares	Class/Series	Par Value
1000	COMMON	$1.00

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

99893

File Date: 1/31/00

Check No.: 1739

By: Lc

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.

Joseph V. Girgenti, OD 1/28/00
Signature of Officer *Date*

Joseph V. Girgenti, O.D.
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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.: 99893
2. Name of Corporation: JOSEPH V. GIRGENTI, O.D. INC.
3. Street Address Principal Business Office: c/o 190 Marjoram Drive | City: Cranston | State: RI | Zip: 02921
4. Business Phone No.: (401) 934-2800
5. State of Incorporation: RHODE ISLAND
6. SIC Code: 9290
7. Brief Description of the Character of Business Conducted in Rhode Island: Optometrist

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

President Name: Joseph V. Girgenti, OD	Vice President Name: Same
Street Address: 190 Marjoram Drive	Street Address:
City: Cranston State: RI Zip: 02921	City: State: Zip:
Secretary Name: Same	Treasurer Name: Same
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: Joseph V. Girgenti, OD	Director Name:
Street Address: 190 Marjoram Drive	Street Address:
City: Cranston State: RI Zip: 02921	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
8,000 COMM $1.00 PAR VAL.			1000	Common	No Par

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

* 9 9 8 9 3 *

File Date: 7-27-99
Check No.: 1571
By: AMF
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.

Joseph V. Girgenti, OD — 7/26/99
Signature of Officer — *Date*

Joseph V. Girgenti, OD
Print or Type Name of Officer

President
Title of Officer