

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

Matthew A. Brown, Secretary of State

FOR SECRETARY OF STATE USE ONLY

Corporations Division 100 North Main Street Providence, RI 02903-1335

idence, 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 CrANSTON 5. State of Incorporation **RHODE ISLAND** 9290 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 ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address State Zφ Director Name Director Name Street Address Street Address City State ZΦ City State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Class/Scries Par Value Number of Shares Par Value Class/Series 8,000 COMM \$1.00 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 Check No.



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

Corporate ID No.	2. Name of Cor	poration			
99893	JOSEPH V. GIRGENTI, O.D. INC				
Street Address Principal B.	istness Office		City	State	Zip
Business Phone No.	MIJOSAM	Drive	CrANSTO	N RL	0292
934-78	<u>^</u>	5. State of Incorpo	ration		6. SIC Code
rief Description of the Ch	aracter of Business Conduc	RHODE ISL	<u> AND</u>		9290
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Joseph	Giragus		Troasurer Name		·····
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Pagalota	State	Zip	City	I days	
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File Date	<u> </u>
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	FOR SECRETARY OF STATE USE ONLY

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Print or Type Name of Officer	genTi		
PresideNT Tule of Officer	 -		

Form 630 Rev. 12/03

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 PLEWEREND INVERTITION

(FORM MUST BE TYPED OR PRIN	· · · · · - · · ·				
1. Carporate ID No. 99893	2. Name of Corpora				•
3. Street Address Principal Busines	JUSEPH V. (ss Office	GIRGENTI, O.D. INC.	City	State	71-
	RJORAM DRIV	S. State of Incorporation RHODE ISLAND	CRANSTON	RI	6.92921
7. Brief Description of the Charact		RNODE ISLAND			9290
President Name JOSEPH V. G. Street Address	IRGENTI	CERS ("X" BOX FOR ATTACH	Vice President Name JACQUELINE Street Address	BEFORE USING ATTAC	CHMENTS
190 MARJORAI		77.	190 MARJOR		
CRANSTON	State RI	02921	CRANSTON	State RI	21p 02921
Secretary Name JOSEPH V. G. Street Address 190 MARJORAN			JOSEPH V. (Street Address 190 MARJOR		4
City CRANSTON	State RI	^{Zip} 02921	CIN	State	Zip 02021
			CRANSTON	RI	02921
9. NAMES AND ADDRE. Director Name	SSES OF THE DIRE	CTORS ("X" BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE USING ATTA	CHMENTS
JOSEPH V.GII Street Address 190 MARJORAN City CRANGEON	1. DRIVE	Zip	Street Address	State	 'Zip
CRANSTON 1	RI	02921	•••••••••••		
Director Name	•		Director Name		
Street Address			Street Address		,
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10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	CHMENT)	11. SHARES ISSUED (X BOX FOR ATTACHMENT) <u>u</u>
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

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File Date:	1-15.03
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FOR SECRETARY	OF STATE LISE ONLY

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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.

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Shendayre of Officer		. Date	
JOSEPH V.			_
Print or Type Name of O	fficer		

PRESIDENT

Title of Officer

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Ferri 630 12/02



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

401-222-3040

		Filing Fee: \$50.00			PLE
(FORM MUST BE TYPED IN B					
1. Corporate ID No.	2. Name of Corpo				~
99893	JOSEPH V	. GIRGENTI, O.D. INC.			
3. Street Address Principal Busine			City	State	Zip
c/o 190 marjo	RAM DRIVE		CRANSTON	RI	02921
4. Business Phone No.	_	5. State of Incorporation			6. SIC Code
(401) 934 -2800		RHODE ISLAND)		9290
7. Brief Description of the Character 9290 Opto	ter of Business Conducted	t in Rhode Island			0200
B. NAMES AND ADDRE	ESSES OF THE OF	FICERS ("X" BOX FOR ATTAC		ES BEFORE USING ATTA	CHMENTS
JOSEPH V. GIRO	GENTT		Vice President Name	U OIDOPARDA	
treet Address			•	V. GIRGENTI	
190 MARJORAM [ORTVE		Street Address	D 70D 414 DE	•
City	State		•	RJORAM DRIVE	
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ecretary Name	K.L	V4721	CRANST	ON RI	02921
JOSEPH V. GIRO	יבאדיד		Treasurer Name		• • • • • • • • • • • • • • • • • • • •
JUBERT V. GIRC	DETAIL T		JOSEPH	V. GIRGENTI	
	ND TO TO		Street Address		
190 MARJORAM D			190 MAI	RJORAM DRIVE	
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CRANSTON	RI	02921	CRANSTO	ON RI	0/9/1
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		· 	Director Name		
JOSEPH V. GIRO	GENTI		:		
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190 MARJORAM D	ORIVE				
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CRANSTON	RI	: 02921	•	V.=	Σ.ip
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File Date:	4/1/02	
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FOR SECRETARY 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.

Significant Diracit	2/28/02
JOSEPH V. GIRGENTI	Date

Print or Type Name of Officer PRESIDENT

Title of Officer



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. 99893 2. Name of Corporation
JOSEPH V. GIRGENTI, O.D. INC. 3. Street Address Principal Business Office 4. Business Phone No. Marjoram Drive CrANSTON, S. State of Incorporation RHODE ISLAND (401) 934-2800 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 Vice President Name Street Address Street Address Street Address Cliv State City 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address State Zip Director Name Street Address Street Address City State Zip State 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Number of Shares

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee I PORTE ITIES SELECTIONS STIDE IN PRES

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FOR SECRETARY OF STATE USE ONLY

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	this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.
	Joseph V. Dirgenti 2/14/01
	Stragure of Officer Date Joseph V. Giracutt
	Print or Type Name of Officer

Tresto Title of Officer

Under penalty of perjury, I declare and affirm that I have examined



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. 2. Name of Corporation 99893 JOSEPH V. GIRGENTI, O.D. INC. 3. Street Address Principal Business Office 02921 5. State of Incorporation 6. SIC Code (401) 934-2800 RHO
7. Brief Description of the Character of Business Conducted in Rhode Island RHODE ISLAND MOMETris7 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS 190 Marjoram Drive Clly State Zio . City Zip 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Street Address Street Address Ti Street Address City State Zip Street Address Street Address ĊIty City Zip State ZΙρ 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ESSUED SHARES Number of Shares Number of Shares Class/Series 8,000 COMM \$1.00 PAR VAL

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

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FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm	
this report, including any accompanying sche	dules and statements, and
that all statements contained herein are true	and correct.
Joseph V. Dingenti, OD	1/28/00
Sen ture of Officer	Date
Joseph V. Glogenti, O.D.	

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D : +		
President		
ttle of Officer		



FOR SECRETARY OF STATE USE ONLY

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

1999

STOP, TO LASE READ INSTRUCTIONS

Filing Period: Janua	ry 1-March 1	Filing Fee: \$50.00	IONI FOR I	TE TEAR	TPLEASE READ	
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1. Corporate ID No. 99893	² JÖSÉPH	V. GIRGENTI, O.D. INC			;	
3. Street Address Principal Busine	ess Office		City	State	Zip	
% 190 M	AriorAM	Drive	1 Propostor	L	77001	
1. Business Phone No.		5. State of Incorporation	TIT でんしんかい 10元	<i></i>	6. SIC Code	
2. Brief Description of the Charac	2800	NHODE ISLAM			9290	
A since description of the Charac	Ter of Business Conducted	f in Rhode Island	•			
S NAME AND ADDRE	SSEC OF THE OF					
President Name	SSES OF THE OF	FICERS ("X" BOX FOR ATTAC	HMENT) [FILL IN SPACE	S BEFORE USING ATTAC	HMENTS	
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City	State	Zip	: City	State		
(CANSTON)	RY	02921		State	Zip	
Secretary Name	ا المراد المر		Treasurer Name			
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· 7-2	7-99	t	that all statements	contained herein are true a	nd correct.	
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Bv:	HMF		Print or Tyde Name of C	Jirgent, OD	 '	

President
Title of Officer