State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2021

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

FILED

FEB 05 2021

BY 2120

1. Entity ID Number	2. Exact name of the Corporation
61696	Toll Gate Vision, Ltd.

3. Principal Office Address	City	State	Zip
1120 TOLLGATE ROAD, SUITE C	WARWICK	RI	02886

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621320	OPTOMETRY.
5. State of Incorporation	
RHODE ISLAND	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Street Address	City	State	Zip
PAMELA J. BLODGETT, O.D.	1120 TOLLGATE ROAD, SUITE C	WARWICK	RI	02886

Vice-President Name	Street Address	City	State	Zip
JEFFREY G. DEPAOLA, O.D.	1120 TOLLGATE ROAD, SUITE C	WARWICK	RI	02886

Secretary Name	Street Address	City	State	Zip
JEFFREY G. DEPAOLA, O.D.	1120 TOLLGATE ROAD, SUITE C	WARWICK	RI	02886

Treasurer Name	Street Address	City	State	Zip
PAMELA J. BLODGETT, O.D.	1120 TOLLGATE ROAD, SUITE C	WARWICK	RI	02886

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Street Address	City	State	Zip
PAMELA J. BLODGETT, O.D.	1120 TOLLGATE ROAD, SUITE C	WARWICK	RI	02886

Director Name	Street Address	City	State	Zip
JEFFREY G. DEPAOLA, O.D.	1120 TOLLGATE ROAD, SUITE C	WARWICK	RI	02886

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	142.8571428571	COMMON	$0.00

11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the 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.

Name of Authorized Representative	Date
PAMELA J. BLODGETT, O.D.	2/1/2021

Signature of Authorized Representative: Pamela J. Blodgett O.D.

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 08/2020