RI SOS Filing Number: 202191322480 Date: 2/12/2021 4:00:00 PM

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.

STAMP
FILED
FEB 12 2021
BY

1. Entity ID Number	2. Exact name of the Corporation		
48301	Specs Eyecare, Inc.		
3. Principal Office Address: 58 East Main Road	City: Middletown	State: RI	Zip: 02842
4. NAICS Code: 813920	6. Brief description of the character of business conducted in Rhode Island: Professional Practice of Optometry		
5. State of Incorporation: Rhode Island			

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

President Name: Alessi Rispoli	Vice-President Name: Alessi Rispoli
Street Address: 28 Malee Terrace	Street Address: 28 Malee Terrace
City: Portsmouth State: RI Zip: 02871	City: Portsmouth State: RI Zip: 02871
Secretary Name: Alessi Rispoli	Treasurer Name: Alessi Rispoli
Street Address: 28 Malee Terrace	Street Address: 28 Malee Terrace
City: Portsmouth State: RI Zip: 023871	City: Portsmouth State: RI Zip: 02871

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

Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip
Director Name	Director Name
Street Address	Street Address
City State Zip	City State Zip

9. Shares Authorized	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State.	100		No Par
Changes require an additional filing.			

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: ALESSI A. RISPOLI — Date: 2/9/2021

Signature of Authorized Representative:

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