



State of Rhode Island and Providence Plantations
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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV

2021 MAR -2 A 8:40

1. Entity ID Number 000090289		2. Exact name of the Corporation Coastal Eye Associates , Inc			
3. Principal Office Address 17 WELLS Street Suite 101			City Westerly	State RI	Zip 02891
4. NAICS Code 621320 62 Healthcare and Social Assis		6. Brief description of the character of business conducted in Rhode Island The Practice of Optometry			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Holly Misto			Vice-President Name Salvatore Magliari		
Street Address PO box 117			Street Address 27 Piezzo Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
Secretary Name Holly Misto			Treasurer Name		
Street Address PO BOX 117			Street Address		
City Westerly	State RI	Zip 02891	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Holly Misto			Director Name Salavtore Magliari		
Street Address PO Box 117			Street Address 27 Piezzo Drive		
City Westerly	State RI	Zip 02891	City Westerly	State RI	Zip 02891
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		PAR VALUE
			0	CNP	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. <i>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.</i>					
Name of Authorized Representative Daniel J Urso CPA					Date 2/26/21
Signature of Authorized Representative <i>[Handwritten Signature]</i>					

SIGN DOCUMENT HERE **FILED**

MAR 02 2021

BY *Ch* *CA# 24175*
8:40

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