



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	City Westerly	State RI
Zip 02891		Zip 02891	
Secretary Name Holly Misto		Treasurer Name	
Street Address PO BOX 117		Street Address	
City Westerly	State RI	City	State
Zip 02891		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	City Westerly	State RI
Zip 02891		Zip 02891	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		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	
		CLASS/SERIES	
		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. 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 Daniel J Urso CPA			Date 2/6/21
Signature of Authorized Representative <i>[Signature]</i> CPA			

SIGN DOCUMENT HERE

FILED

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

MAR 02 2021
BY *Ch* *CA#* **24175**
8:40

FORM 630 - Revised: 10/2017