State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2020
Limited Liability Company

→ Filing period: September 1 - November 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by December 1.

1. Entity ID Number: 543939	2. Exact name of the Limited Liability Company: **Opt, LLC.**		
3. NAICS Code: 446130	4. Brief description of the character of business conducted in Rhode Island: Sell and dispense prescription eyeglasses and sunglasses.		
5. State of Formation: RI			
6. Principal Office Address: 138 Wayland Ave.	City: Providence	State: RI	Zip: 02906

7. Mailing Address of Limited Liability Company and Name or Title of Contact Person

Contact Name: Jessica Leach	Contact Title: Owner/C.F.O.		
Street Address: 138 Wayland Ave.	City: Providence	State: RI	Zip: 02906

8. List **ALL** managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - **DO NOT LIST MEMBERS**

Manager Name: Jedediah Leach			Manager Name: Edwin F. Leach II		
Street Address: 20 Newman Ave., #3301			Street Address: 80 Ridgewood Rd.		
City: Rumford	State: RI	Zip: 02916	City: Attleboro	State: MA	Zip: 02703
Manager Name: Thomas Clayton			Manager Name:		
Street Address: 23 Agawam Park Rd.			Street Address:		
City: Rumford	State: RI	Zip: 02916	City:	State:	Zip:

Check the box to indicate an attachment ☐

9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.

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 Person: Jedediah Leach	Date: 02/22/2021
Signature of Authorized Person: [signature]	

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

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