



State of Rhode Island
Department of State - Business Services Division

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Annual Report for the year: 2019
Limited Liability Company

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- 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: <input type="checkbox"/>					
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.					
<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 Person Jedediah Leach				Date 02/22/2021	
Signature of Authorized Person 					

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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