State of Rhode Island
Office of the Secretary of State

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Fee: $50.00

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001712843

2. Exact Name of the Limited Liability Company Institutional Eye Care LLC

3. State of Formation

State: FL

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

339115

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

WE MAKE RX EYEGLASSES IN OUR OPTICAL LAB, WHICH IS LOCATED OUT OF STATE, FOR INMATES HOUSED IN THE RI DOC. WE ALSO USE A SUBCONTRACTED OPTOMETRIST TO PROVIDE ON-SITE VISION SERVICES TO INMATES IN THE RI DOC.

5. Principal Office Address

No. and Street: 27499 RIVERVIEW CENTER BLVD., SUITE 429
City or Town: BONITA SPRINGS State: FL Zip: 34134 Country: USA

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

Contact Name: ZACH LOSE Contact Title: MEMBER
No. and Street: 27499 RIVERVIEW CENTER BLVD., SUITE 429
City or Town: BONITA SPRINGS State: FL Zip: 34134 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

REGISTERED AGENTS INC. 47 WOOD AVENUE, SUITE 2 BARRINGTON , RI 02806

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 16 Day of August, 2021 at 10:46:44 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By ZACHARY LOSE
Signature of Authorized Person

Form No. 632
Revised 09/07