



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2022
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

**FILED
STAMP
FEB 25 2022**
BY *[Signature]*

1. Entity ID Number 48301		2. Exact name of the Corporation Specs Eyecare, Inc.			
3. Principal Office Address 58 East Main Road		City Middletown		State RI	Zip 02842
4. NAICS Code 813920		6. Brief description of the character of business conducted in Rhode Island Professional practice of optometry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alessi Rispoli			Vice-President Name Alessi Rispoli		
Street Address 28 Malee Terrace			Street Address 28 Malee Terrace		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
Secretary Name Alessi Rispoli			Treasurer Name Alessi Rispoli		
Street Address 28 Malee Terrace			Street Address 28 Malee Terrace		
City Portsmouth	State RI	Zip 02871	City Portsmouth	State RI	Zip 02871
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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
			100	Common	No par
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 <i>Alessi A. Rispoli</i>					Date <i>2/17/2022</i>
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
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