



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

FEB 14 2023
 1125302

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

1. Entity ID Number 67067		2. Exact name of the Corporation Garden City Eyecare, Inc.			
3. Principal Office Address 1150 Reservoir Avenue, L05			City Cranston	State RI	Zip 02920
4. NAICS Code 62 1320		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of optometry; to diagnose any optical deficiency or deformity.			
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 Louise DiChiara Pastore			Vice-President Name Louise DiChiara Pastore		
Street Address 1150 Reservoir Ave., Suite L05			Street Address 1150 Reservoir Ave., Suite L05		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
Secretary Name Louise DiChiara Pastore			Treasurer Name Louise DiChiara Pastore		
Street Address 1150 Reservoir Ave., Suite L05			Street Address 1150 Reservoir Ave., Suite L05		
City Cranston	State RI	Zip 02920	City Cranston	State RI	Zip 02920
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Louise DiChiara Pastore			Director Name		
Street Address 1150 Reservoir Ave., Suite L05			Street Address		
City Cranston	State RI	Zip 02920	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	CLASS/SERIES	PAR VALUE
			300	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. 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 Louise DiChiara Pastore, President				Date 2/31/23	
Signature of Authorized Representative 					

MAIL TO:
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 Website: www.sos.n.gov