

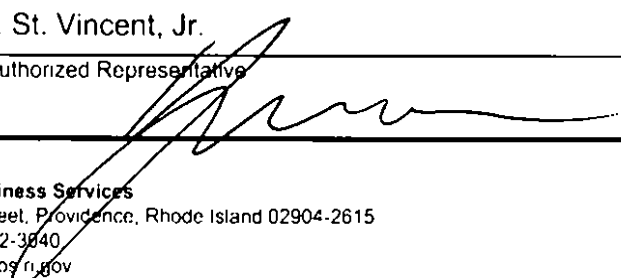


State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
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
MAR 09 2023
BY 948
ES
SECRETARY OF STATE
JULIE M. WILSON

1. Entity ID Number 34429		2. Exact name of the Corporation 20/20 Vision Care, Inc.			
3. Principal Office Address 375 Metacom Avenue			City Bristol	State RI	Zip 02809
4. NAICS Code 621320		6. Brief description of the character of business conducted in Rhode Island Practice of Optometry, Title: 7-1.1-51			
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 William W. St. Vincent, Jr.			Vice-President Name William W. St. Vincent, Jr.		
Street Address 13 Weetamoe Farm Drive			Street Address 13 Weetamoe Farm Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
Secretary Name William W. St. Vincent, Jr.			Treasurer Name William W. St. Vincent, Jr.		
Street Address 13 Weetamoe Farm Drive			Street Address 13 Weetamoe Farm Drive		
City Bristol	State RI	Zip 02809	City Bristol	State RI	Zip 02809
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name William W. St. Vincent, Jr.			Director Name		
Street Address 13 Weetamoe Farm Drive			Street Address		
City Bristol	State RI	Zip 02809	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
			0	0	0
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 William W. St. Vincent, Jr.				Date 02/28/2023	
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3840
Website: www.sos.ri.gov