



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$50.00**

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

**Foreign Business Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024:** 2024

**1. Corporate ID No.** 000116130

**2. Name of Corporation** Medical Eye Services, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 20081 ELLIPSE

City or Town: FOOTHILL RANCH State: CA Zip: 92610 Country: USA

**4. Business Phone No.**

**5. State of Incorporation**

State: CA

**NAICS CODE**

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.

524292

**6. Brief Description of the Character of Business Conducted in Rhode Island**

THIRD PARTY ADMINISTRATOR FOR ROUTINE VISION PLANS

**7. Names and Addresses of the Officers and Directors:**

**All officers and directors must be listed.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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SECRETARY	MATT MACDONALD	4000 LUXOTTICA PL MASON, OH 45040 USA
CFO/DIRECTOR	SARA FRANCESCUTTO	12 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050 USA
PRESIDENT/DIRECTOR	JASON ROME	345 BAKER STREET COSTA MESA, CA 92626 USA
DIRECTOR/CHAIRMAN	LUKAS RUECKER	4000 LUXOTTICA PLACE MASON, OH 45040 USA

**8. Shares Authorized and Issued**

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
PNP		\$0.0000	100,000.00	0
CNP		\$0.0000	1,000,000.00	140569

**9. 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.**

**Signed this 11 Day of January, 2024 at 3:55:09 PM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOANNE CASWELL

Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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