



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

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

RECEIVED
R.I. DEPT. OF STATE
BUS SVCS DIV

2024 JAN 22 AM 11:00

1. Entity ID Number 000020550		2. Exact name of the Corporation Joseph F. Osmanski od, Inc	
3. Principal Office Address 1971 Mineral Spring Avenue		City North Providence	State R.I.
4. NAICS Code 621320		6. Brief description of the character of business conducted in Rhode Island Authorized to practice optometry in Rhode Island	
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 Joseph F Osmanski		Vice-President Name Same	
Street Address 9 Chestnut Hill Road		Street Address	
City Chepachet	State R.I.	City	State
Secretary Name Same		Treasurer Name Same	
Street Address		Street Address	
City	State	City	State
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Joseph F Osmanski		Director Name	
Street Address 9 Chestnut Hill Road		Street Address	
City Chepachet	State R.I.	City	State
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. 2,000 Shares		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
Changes require an additional filing.		NUMBER OF SHARES 200	CLASS/SERIES COMMON
		PAR VALUE NO PAR VALUE	
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 Joseph F. Osmanski President		Date 1/18/24	
Signature of Authorized Representative <i>Joseph F. Osmanski</i>			

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

JAN 22 2024
BY ML MHDWI