



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.

FILED

FEB 12 2024

BY

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1. Entity ID Number 84309		2. Exact name of the Corporation George D. Bertherman, O.D., Inc.			
3. Principal Office Address 1466 Broad Street			City Providence	State RI	Zip 02905
4. NAICS Code 621320		6. Brief description of the character of business conducted in Rhode Island To operate an optometrist's office.			
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 George Bertherman			Vice-President Name George Bertherman		
Street Address 1466 Broad Street			Street Address 1466 Broad Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
Secretary Name George Bertherman			Treasurer Name George Bertherman		
Street Address 1466 Broad Street			Street Address 1466 Broad Street		
City Providence	State RI	Zip 02905	City Providence	State RI	Zip 02905
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name George Bertherman			Director Name		
Street Address 1466 Broad Street			Street Address		
City Providence	State RI	Zip 02905	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
			100		Common
					PAR VALUE
					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 George Bertherman					Date 1/31/24
Signature of Authorized Representative <i>George Bertherman</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