



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 STAMP
MAR 19 2024
BY 6511

1. Entity ID Number 117922		2. Exact name of the Corporation Joseph A. Boivin, O.D., Ltd.			
3. Principal Office Address 1820 Main Road		City Tiverton		State RI	Zip 02878
4. NAICS Code 621320		6. Brief description of the character of business conducted in Rhode Island Optometry services and retail sale of eye wear and accessories.			
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 A. Boivin			Vice-President Name Joseph A. Boivin		
Street Address 1820 Main Road			Street Address 1820 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
Secretary Name Joseph A. Boivin			Treasurer Name Joseph A. Boivin		
Street Address 1820 Main Road			Street Address 1820 Main Road		
City Tiverton	State RI	Zip 02878	City Tiverton	State RI	Zip 02878
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Joseph A. Boivin			Director Name		
Street Address 1820 Main Road			Street Address		
City Tiverton	State RI	Zip 02878	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/STRIKES	PAR VALUE
			100	COMMON	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 Boivin					Date 3/14/24
Signature of Authorized Representative Joseph Boivin					

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