



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.

APR 08 2024

29755

1. Entity ID Number 000160438		2. Exact name of the Corporation Evolutioneyes, Inc.			
3. Principal Office Address 270 Jenckes Hill Road		City Smithfield		State RI	Zip 02917
4. NAICS Code 446130		6. Brief description of the character of business conducted in Rhode Island Purchase and sale of eye ware			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jacqueline C. Breton			Vice-President Name Kenneth S. Musket		
Street Address 270 Jenckes Hill Road			Street Address 270 Jenckes Hill Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
Secretary Name Kenneth S. Musket			Treasurer Name Jacqueline C. Breton		
Street Address 270 Jenckes Hill Road			Street Address 270 Jenckes Hill Road		
City Smithfield	State RI	Zip 02917	City Smithfield	State RI	Zip 02917
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	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/SERIES PAR VALUE		
			100	Common	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 Jacqueline C. Breton					Date APRIL 1, 2024
Signature of Authorized Representative <i>Jacqueline Breton</i>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov

FORM 630- Revised 12/2023