



Department of State - Business Services Division

Annual Report for the year: 2024  
Corporation

APR 23 2024 STAMP  
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- Filing period: February 1 - May 1  
→ Filing Fee: \$50.00  
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <b>96519</b>		2. Exact name of the Corporation <b>PROVIDENCE EYE ASSOCIATES, INC.</b>			
3. Principal Office Address <b>50 Maude Street</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02908</b>
4. NAICS Code <b>621999</b>		6. Brief description of the character of business conducted in Rhode Island <b>To render medical services including optometry and ophthalmology and any other lawful business.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Greg Scott Levin</b>			Vice-President Name <b>Greg Scott Levin</b>		
Street Address <b>50 Maude Street</b>			Street Address <b>50 Maude Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
Secretary Name <b>Greg Scott Levin</b>			Treasurer Name <b>Greg Scott Levin</b>		
Street Address <b>50 Maude Street</b>			Street Address <b>50 Maude Street</b>		
City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>	City <b>Providence</b>	State <b>RI</b>	Zip <b>02908</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span></span>					
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>300</b>		<b>Common</b>	<b>No Par Value</b>
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. <b>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.</b>					
Name of Authorized Representative <b>Greg Scott Levin</b>				Date <b>3/10/24</b>	
Signature of Authorized Representative 					