RI SOS Filing Number: 202452760820 Date: 4/23/2024 4:00:00 PM



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2024
Corporation

IPR 2 3 2024 LAWE

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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.

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1. Entity ID Number	2. Exact name of the Corporation PROVIDENCE EYE ASSOCIATES, INC.						
96519	PROVIL	JENCE EYE	ASSOCIA	TES, INC.			
3. Principal Office Address			City		State	Zip	
50 Maude Street			Providen	ce	RI	02908	
4. NAICS Code	6. Brief desc	Brief description of the character of business conducted in Rhode Island					
621999	To render medical services including optometry and opthalmology and any						
5. State of Incorporation	other lawful business.						
Rhode Island	Other lawful business.						
7. List ALL officers (names and ad	idresses)			Check	the box to in	ndicate an attachment	
President Name Greg Scott Levin			Vice-President Name Greg Scott Levin				
Street Address							
50 Maude Street			Street Address 50 Maude Street				
^{City} Providence	State RI	^{Zip} 02908	City Providence		State RI	^{Zip} 02908	
Secretary Name Greg Scott Levin			Treasurer Name Greg Scott Levin				
Street Address 50 Maude Street			Street Address 50 Maude Street				
^{City} Providence	State RI	^{Zıp} 02908	City Providence		State RI	^{Z_{ip}} 02908	
8. List ALL directors (names and a	addresses)			Check	the box to in	ndicate an attachment	
Director Name None	•		Director Name	•			
Street Address			Street Address				
City	State	Žip	City		State	Zip	
Director Name	1		Dispotes Name				
Director Name			Director Name				
Street Address			Street Address				
City	State	Zip	City		State	Zıp	
9. Shares Authorized		10. Shares Issi		ed Check the box to indicate an attachment			
	information is currently of record in the NUMBER C						
Department of State. Changes require an additional filing.		300		Common		No Par Value	
				_			
11. This report must be executed a	on behalf of the	corporation by an a	uthorized reaco	contative. If the corne	ration is in t	no hands of a receiver or	
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 Date							
Greg Scott Levin					3(10/24		
Signature of Authorized Representative							

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov