



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year:

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

MAY 30 2024

25201

1. Entry ID Number 000090289		2. Exact name of the Corporation COASTAL EYE ASSOCIATES, INC									
3. Principal Office Address 17 WELLS STREET, SUITE 101		City WESTERLY	State RI	Zip 02891							
4. NAICS Code 621320		6. Brief description of the character of business conducted in Rhode Island THE PRACTICE OF OPTOMETRY									
5. State of Incorporation RI											
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
President Name HOLLY MISTO		Vice-President Name SALVATORE MAGLIARI									
Street Address PO BOX 117		Street Address 27 PIEZZO DRIVE									
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891						
Secretary Name		Treasurer Name									
Street Address		Street Address									
City	State	Zip	City	State	Zip						
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>											
Director Name HOLLY MISTO		Director Name SALVATORE MIGLIARI									
Street Address PO BOX 117		Street Address 27 PIEZZO DRIVE									
City WESTERLY	State RI	Zip 02891	City WESTERLY	State RI	Zip 02891						
Director Name		Director Name									
Street Address		Street Address									
City	State	Zip	City	State	Zip						
9. Shares Authorized 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"/>									
		<table border="1"><thead><tr><th>NUMBER OF SHARES</th><th>CLASS/SERIES</th><th>PAR VALUE</th></tr></thead><tbody><tr><td>0</td><td>CNP</td><td>0.00</td></tr></tbody></table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	0	CNP	0.00
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0	CNP	0.00									
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 DANIEL J URSO, CPA				Date 9/27/23							
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