



State of Rhode Island  
Department of State - Business Services Division

DEC 23 2024

475

Annual Report for the year: 2025  
Corporation

→ 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>001701324</b>		2. Exact name of the Corporation <b>Dr. DeGiulio &amp; Associates Inc.</b>	
3. Principal Office Address <b>13 Capri Drive</b>		City <b>Johnston</b>	State <b>RI</b>
		Zip <b>02919</b>	
4. NAICS Code <b>621320</b>	6. Brief description of the character of business conducted in Rhode Island <b>Optomotrist, perform eye examinations, sale of eye wear and any other purpose permitted by law.</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>Dr. Lisa DeGiulio</b>		Vice-President Name	
Street Address <b>13 Capri Drive</b>		Street Address	
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	
Secretary Name		Treasurer Name	
Street Address		Street Address	
City	State	Zip	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></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>25000</b>	<b>CWP</b>
			<b>.01</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>Lisa DeGiulio</b>		Date <b>12-18-2024</b>	
Signature of Authorized Representative 			

## MAIL TO:

Division of Business Services

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