



State of Rhode Island
Department of State - Business Services Division

FILED STAMP

MAR 18 2025

BY 1229

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 34429 | | 2. Exact name of the Corporation 20/20 Vision Care, Inc. | |
| 3. Principal Office Address 375 Metacom Avenue | | City Bristol | State RI |
| | | Zip 02809 | |
| 4. NAICS Code 621320 | 6. Brief description of the character of business conducted in Rhode Island Practice of Optometry, Title: 7-1.1-51 | | |
| 5. State of Incorporation Rhode Island | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| President Name William W. St. Vincent, Jr. | | Vice-President Name William W. St. Vincent, Jr. | |
| Street Address 13 Weetamoe Farm Drive | | Street Address 13 Weetamoe Farm Drive | |
| City Bristol | State RI | Zip 02809 | City Bristol |
| | | | State RI |
| | | | Zip 02809 |
| Secretary Name William W. St. Vincent, Jr. | | Treasurer Name William W. St. Vincent, Jr. | |
| Street Address 13 Weetamoe Farm Drive | | Street Address 13 Weetamoe Farm Drive | |
| City Bristol | State RI | Zip 02809 | City Bristol |
| | | | State RI |
| | | | Zip 02809 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | |
| Director Name William W. St. Vincent, Jr. | | Director Name | |
| Street Address 13 Weetamoe Farm Drive | | Street Address | |
| City Bristol | State RI | Zip 02809 | 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"/> | | | |
| 10. Shares Issued | | NUMBER OF SHARES | CLASS/SERIES |
| | | PAR VALUE | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 0 | 0 |
| | | 0 | 0 |
| 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 William W. St. Vincent, Jr. | | | Date 02/27/2025 |
| Signature of Authorized Representative | | | |

MAIL TO:
Division of Business Services
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