



State of Rhode Island
Department of State - Business Services Division

FILED

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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		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES	
		CLASS/SERIES	
		0	0
		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
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630- Revised, 12/2023