



**State of Rhode Island**  
**Department of State - Business Services Division**

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## Application for Certificate of Authority

FOREIGN Business Corporation

→ Filing Fee: \$310.00 minimum

Pursuant to the provisions of RIGL 7-1.2-1405, the undersigned foreign corporation hereby applies for a Certificate of Authority to transact business in the State of Rhode Island, and for that purpose submits the following statement:

|                                                                                                                                                                                                                                                                                                              |                    |                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|----------------|
| 1. The name of the corporation is:                                                                                                                                                                                                                                                                           |                    |                |
| March Vision Care Group, Incorporated                                                                                                                                                                                                                                                                        |                    |                |
| 2. It is incorporated under the laws of: California                                                                                                                                                                                                                                                          |                    |                |
| 3. The name, if different, which it elects to use in Rhode Island is:                                                                                                                                                                                                                                        |                    |                |
| (a) If the name of the corporation in its jurisdiction of incorporation does not contain the word "corporation", "company", "incorporated", or "limited," or an abbreviation thereof, then list the name of the corporation with the addition of one of the above corporate endings for use in Rhode Island: |                    |                |
| (b) If the corporate name is not available in Rhode Island, then set forth below the fictitious name under which the corporation will qualify and transact business in Rhode Island as stated in the "Fictitious Business Name Statement" to be filed with this application:                                 |                    |                |
| 4. The date of its incorporation is: 02/14/2001                                                                                                                                                                                                                                                              |                    |                |
| And the period of its duration is: <b>CHECK ONE BOX ONLY</b>                                                                                                                                                                                                                                                 |                    |                |
| <input checked="" type="checkbox"/> Perpetual (on-going)                                                                                                                                                                                                                                                     |                    |                |
| Date certain for dissolution _____                                                                                                                                                                                                                                                                           |                    |                |
| 5. The address of its principal office is:                                                                                                                                                                                                                                                                   |                    |                |
| 5701 Katella Avenue, CA120-0423, Cypress, CA 90630                                                                                                                                                                                                                                                           |                    |                |
| 6. The name and address of the initial registered agent/office in Rhode Island:                                                                                                                                                                                                                              |                    |                |
| Agent Name C T Corporation System                                                                                                                                                                                                                                                                            |                    |                |
| Street Address ( <u>NOT</u> a P.O. Box) 450 Veterans Memorial Parkway, Suite 7A                                                                                                                                                                                                                              |                    |                |
| City/Town East Providence                                                                                                                                                                                                                                                                                    | State RHODE ISLAND | Zip Code 02914 |

### MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

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BY

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7. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

network vision care

8. (a) The names and respective addresses of its directors (optional, unless directors are required under the laws of the state or country of which it is incorporated):

| NAME               | ADDRESS                                          |
|--------------------|--------------------------------------------------|
| John Chun-Lu, M.D. | 01 Katella Avenue, CA120-0423, Cypress, CA 90630 |
|                    |                                                  |
|                    |                                                  |
|                    |                                                  |

Check the box to indicate an attachment

8. (b) The names and respective addresses of its principal officers (mandatory if directors are not required under the laws of the state or country of which it is incorporated):

| OFFICE         | NAME               | ADDRESS                                            |
|----------------|--------------------|----------------------------------------------------|
| PRESIDENT      | John Chun-Lu, M.D. | 5701 Katella Avenue, CA120-0423, Cypress, CA 90630 |
| VICE PRESIDENT |                    |                                                    |
| TREASURER      | John Chun-Lu, M.D. | 5701 Katella Avenue, CA120-0423, Cypress, CA 90630 |
| SECRETARY      | Lori Ann Archer    | 5701 Katella Avenue, CA120-0423, Cypress, CA 90630 |

Check the box to indicate an attachment

9. The aggregate number of shares which it has authority to issue, itemized by classes, par value of shares, shares without par value, and series, if any, within a class, is:

| NUMBER OF SHARES | CLASS  | SERIES | PAR VALUE OR STATE NO PAR VALUE |
|------------------|--------|--------|---------------------------------|
| 10,000           | Common | n/a    | no par value                    |
|                  |        |        |                                 |
|                  |        |        |                                 |
|                  |        |        |                                 |

10. An estimate, **as a percentage**, of the proportion that the estimated value of the property of the corporation to be located within this state during the following year bears to the value of all property of the corporation to be owned during the following year, wherever located. (Note: Percentage obtained from worksheet.)

0 \_\_\_\_\_ %

11. An estimate, **as a percentage**, of the proportion of the gross amount of business to be transacted by the corporation at or from places of business in Rhode Island during the following year compared to the gross amount thereof which will be transacted by the corporation during the following year. (Note: Percentage obtained from worksheet.)

0 \_\_\_\_\_ %

12. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of this filing.

13. Date when the Certificate of Authority will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

Later effective date (Date must be no more than 90 days from the date of filing) \_\_\_\_\_

14. *Under penalty of perjury, I declare and affirm that I have examined this Application for Certificate of Authority, including any accompanying attachments, and that all statements contained herein are true and correct.*

Type or Print Name of Authorized Officer

Lori A. Archer

Date

08/14/2025

Signature of Authorized Officer of the Corporation

*Lori Archer*



# Secretary of State

## Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** MARCH VISION CARE GROUP, INCORPORATED  
**Entity No.:** 2332075  
**Registration Date:** 02/14/2001  
**Entity Type:** Stock Corporation - CA - General  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of August 15, 2025.

**SHIRLEY N. WEBER, PH.D.**  
Secretary of State

**Certificate No.:** 358012219

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](https://bizfileOnline.sos.ca.gov).



State of Rhode Island

**Department of State | Office of the Secretary of State**

**Gregg M. Amore**, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this

office on this day:

August 15, 2025 01:41 PM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Gregg M. Amore  
*Secretary of State*

