

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR _ 2009

1. Corporate ID No. 313744		2. Name of Corporation Native Eyeware, Inc				
3. Street Address Principal Business Office One Albion Road			City Lincoln	State RI	^{Zip} 02865	
6. Business Phone No. 5. State of Incorporation Rhode Island			Friedrich (zw. z.)	•	***************************************	
No	Character of Business Condu N =				111111111111111111111111111111111111111	
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA C President Name Charles R. MacDonald			ICHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name Charles R. MacDonald			
Street Address One Albion Road	. "		Street Address One Albion Road			
^{City} Lincoln	State RI	^{Zip} 02865	City Lincoln	State RI	^{Zip} 02865	
Secretary Name Tina C. Benik	•	***************************************	Treasurer Name Kevin F. Mahoney			
Street Address One Albion Road			Street Address One Albion Road			
city Lincoln	State RI	^Z ψ 02865	City Lincoln	state RI	^{Zip} 02865	
B. NAMES AND ADD Director Name Charles R. MacDo		ECTORS: ("X" BOX FOR ATT	ACHMENT)	N SPACES BEFORE USIN	G ATTACHME	
Street Address One Albion Road			Street Address One Albion Road			
City	State	Zip	City	State	Zip	
Lincoln Director Name Tina C. Benik	JRI	02865	Lincoln Director Name	RI	[02865	
Street Address One Albion Road	1914)	-6/6.1	Street Address			
City Lincoln	State RI	Zip 02865	City	State	Zip	
). SHARES AUTHOR	IZED	•		O ("X" BOX FOR ATTACA ECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			100	Common	\$.01	

FILED
FEB 1 7 2009
By 144815
FOR SECRETARY OF STATE USE ONLY

Under penalty of pedury, 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. Sispature Date Kevin F. Mahoney
Print or Type Name
Treasurer
Title Form 630 Rev. 08/08