



State of Rhode Island
Department of State - Business Services Division

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2022 OCT 28 PM 2:09

Article of Incorporation
 Professional Service Corporation

→ Filing Fee: \$230.00 minimum

The undersigned acting as incorporator(s) of a professional service corporation under RIGL 7-5.1 and 7-1.2, adopt(s) the following Articles of Incorporation for such corporation

1. The name of the corporation is: RHODY EYE CARE, PC		
Is this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
2. The profession to be practiced through the professional service corporation is: OPTOMETRY		
3. The total number of shares which the corporation has the authority to issue is: <i>(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of \$0.01 per share.)</i>		
Total Authorized Shares (Number of Shares)	Class of Stock	Par Value Per Share
100		\$10.00
If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2 State any provisions here <i>(optional)</i> Check the box to indicate an attachment <input type="checkbox"/>		
4. The name and address of the initial registered agent/office in Rhode Island is:		
Agent Name DR. MICHELE LEVY		
Street Address (NOT a P.O. Box) 55 BEACH STREET- BUILDING 1-UNIT 4		
City/Town WESTERLY	State RHODE ISLAND	Zip Code 02891
5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.		

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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FORM 1012 - Revised 12/2021

6. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment

7. The name and address of each incorporator is:

Name Dr. Michele Levy	Address 55 Beach Street - Building	
City/Town Westerly	State RI	Zip Code 02891 'unit 4
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

8. Date when these Articles of Incorporation 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) _____

Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Signature of Incorporator Michele Levy, MD	Date 10/24/2022
Signature of Incorporator	Date
Signature of Incorporator	Date



Department of Health

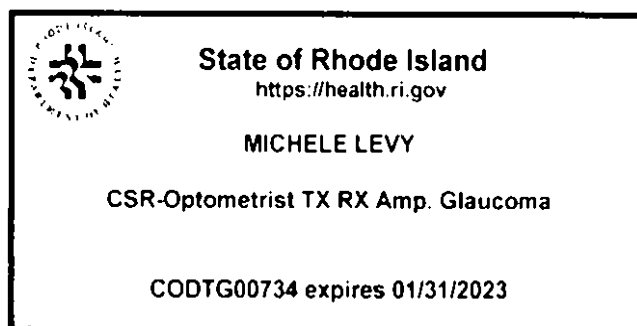
Three Capitol Hill
Providence, RI 02908-5097

health.ri.gov

MICHELE LEVY
25 GLENBROOK ROAD
APT 225
STAMFORD CT 06902

Please find your license card attached below indicating your license type, license number and expiration date. Report any change of Email address or mailing address immediately to your licensing Board or email doh.license@health.ri.gov

Information about your license Board and profession may be found on the Department's Web Site: <https://health.ri.gov>.





State of Rhode Island
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, 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:

October 28, 2022 02:09 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

