Sta	te of Rhode Island Fee: \$50.00					
	the Secretary of State					
	on Of Business Services					
	48 W. River Street					
Prov.	idence RI 02904-2615 (401) 222-3040					
Professional Corneration	(+01) 222 30+0					
Professional Corporation Annual Report Filing Period: February 1 - May 1						
In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.						
ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2024: 2024						
1. Corporate ID No. <u>001679105</u>						
2. Name of Corporation Eye Consultants of Rhode Island, Ltd						
3. Street Address Principal Business Offic	e:					
No. and Street: <u>450 VETERANS MEMOR</u>	IAL PARKWAY					
<u>504</u>						
SUITE 504						
City or Town: <u>EAST PROVIDENCE</u>	State: <u>RI</u> Zip: <u>02914</u> Country: <u>USA</u>					
4. Business Phone No.						
<u>401 431 1119</u>						
5. State of Incorporation						
State: <u>RI</u>						
NAICS CODE						
Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes <u>here.</u> More information on <u>NAICS</u> can be found online.						
<u>621320</u>						
6. Brief Description of the Character of Business Conducted in Rhode Island						
	EDICINE AND SURGERY INCLUDING					
WITHOUT LIMITATION THE PRACTICE OF OPHTHALMOLOGY						
<u></u>						

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JORGE J RIVERA MD	24 ELM LANE BARRINGTON, RI 02806 USA
TREASURER	JORGE J RIVERA MD	24 ELM LANE BARRINGTON, RI 02806 USA
SECRETARY	JORGE J RIVERA MD	24 ELM LANE BARRINGTON, RI 02806 USA
OTHER OFFICER	SILVANA RIVERA	450 VETERANS MEMORIAL PARKWAY 504

8. Shares Authorized and Issued

				Total Issued
Class of Stock	Series of Stock	Par Value Per		and
		Share	Total Authorized	Outstanding
			Shares	Num of
			Number of Shares	Shares
CNP		\$0.0000	4,000.00	0

9. 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.

Signed this 23 Day of April, 2024 at 1:57:11 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By SILVANA RIVERA

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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