State of Rhode Island
and Providence Plantations
Office of the Secretary of State

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

Filing Period: January 1 - March 1 • Filing Fee: $50.00* **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK**

** 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.*

1. Corporate ID No.	2. Name of Corporation			
156246	SHORELINE PODIATRY, INC.			
3. Street Address Principal Business Office		City	State	Zip
24 Salt Pond Road, #E-1		Wakefield	RI	02879
4. Business Phone No.	5. State of Incorporation			
783-2424	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
PODIATRY

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
James I. McCormick, DPM			Eric J. Buchbaum, DPM		
Street Address			Street Address		
74 Summer Street			15 Birchwood Drive		
City	State	Zip	City	State	Zip
Westerly	RI	02891	Narragansett	RI	02882
Secretary Name			Treasurer Name		
Eric J. buchbaum, DPM			James I. McCormick, DPM		
Street Address			Street Address		
15 Birchwood Drive			74 Summer Street		
City	State	Zip	City	State	Zip
Narragansett	RI	02882	Westerly	RI	02891

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
James I. McCormick, DPM			Eric J. Buchbaum, DPM		
Street Address			Street Address		
74 Summer Street			15 Birchwood Drive		
City	State	Zip	City	State	Zip
Westerly	RI	02891	Narragansett	RI	02882
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. SHARES AUTHORIZED ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES

Number of Shares	Class/Series	Par Value
1,000	$1.00 PAR VALUE	

10. SHARES ISSUED ***("X" BOX FOR ATTACHMENT)*** ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	$1.00 PAR VALUE	

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.

[redacted]

[redacted]

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.

Signature *Date*

James I. McCormick, DPM
Print or Type Name

Title

[redacted]

File Date 2-26-09
Check No. 11549
By: mmc
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