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 | | | |
|---|---|---|---|---|
| 70848 | GREENWICH PODIATRY, INC. | | | |
| 3. Street Address Principal Business Office | | City | State | Zip |
| 694 MAIN STREET | | E GREENWICH | RI | 02818 |
| 4. Business Phone No. | 5. State of Incorporation | | | |
| 401-884-2821 | RHODE ISLAND | | | |

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

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

| President Name | | | Vice President Name | | |
|---|---|---|---|---|---|
| NANCY E. WATERMAN, D.P.M. | | | NANCY E. WATERMAN, D.P.M. | | |
| Street Address | | | Street Address | | |
| 694 MAIN STREET | | | 694 MAIN STREET | | |
| City | State | Zip | City | State | Zip |
| E GREENWICH | RI | 02818 | E GREENWICH | RI | 02818 |
| Secretary Name | | | Treasurer Name | | |
| NANCY E. WATERMAN, D.P.M. | | | NANCY E. WATERMAN, D.P.M. | | |
| Street Address | | | Street Address | | |
| 694 MAIN STREET | | | 694 MAIN STREET | | |
| City | State | Zip | City | State | Zip |
| E GREENWICH | RI | 02818 | E GREENWICH | RI | 02818 |

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

| Director Name | | | Director Name | | |
|---|---|---|---|---|---|
| NANCY E. WATERMAN, D.P.M. | | | | | |
| Street Address | | | Street Address | | |
| 694 MAIN STREET | | | | | |
| City | State | Zip | City | State | Zip |
| E GREENWICH | RI | 02818 | | | |
| Director Name | | | Director Name | | |
| | | | | | |
| Street Address | | | Street Address | | |
| | | | | | |
| City | State | Zip | City | State | Zip |
| | | | | | |

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

| AUTHORIZED SHARES | | | ISSUED SHARES — THIS SECTION MUST BE COMPLETED | | |
|---|---|---|---|---|---|
| *Number of Shares* | *Class/Series* | *Par Value* | *Number of Shares* | *Class/Series* | *Par Value* |
| 8,000 | COMMON | $1.00 | 100 | COMMON | $1.00 |
| | | | | | |

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.

Nancy W. Waterman for — 2/27/09
*Signature* — *Date*

NANCY E. WATERMAN, D.P.M.
*Print or Type Name*

[redacted] PRESIDENT
*Title*

| | |
|---|---|
| *File Date* | 3-4-09 |
| *Check No.* | 2996 |
| *By:* | mnc |

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