



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. 84832		2. Name of Corporation Rhode Island Foot Care, Inc.			
3. Street Address Principal Business Office 649 East Avenue			City Pawtucket	State RI	Zip 02860
4. Business Phone No. 401-305-3800		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To engage in the practice of podiatry.					
President Name David Greenberg, D.P.M.			Vice President Name Douglas Glod, D.P.M.		
Street Address 3 Jones Circle			Street Address 40 Crystal Drive		
City Barrington	State RI	Zip 02806	City East Greenwich	State RI	Zip 02818
Secretary Name Michael A. Battey, D.P.M.			Treasurer Name Robert Gibbons, D.P.M.		
Street Address 20 Arbor Way			Street Address 75 Hunter Ridge Drive		
City East Greenwich	State RI	Zip 02818	City Scituate	State RI	Zip 02857
Director Name None			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
7. ISSUED SHARES — THIS SECTION 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 600		Class/Series Common		Par Value \$1.00 par	
THIS SECTION MUST BE COMPLETED					

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.

FILED

MAY 27 2009

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

David Greenberg

Print or Type Name

President

Title

Date

5/19/09

Rhode Island Foot Care, Inc.

84832

Additional Officers:

Owner
Lawrence Cobrin, D.P.M.
58 Hollyhock Drive
Cranston, RI 02920

Owner
Brian Pontarelli, D.P.M.
649 East Avenue
Pawtucket, RI 02860

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