



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 2005

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. 00012227		2. Name of Corporation ANDREW J. LEMOI, D.P.M., INC			
3. Street Address Principal Business Office 10 BLUEBIRD LANE		City CRANSTON		State RHODE ISLAND	Zip 02921-3571
4. Business Phone No. 401-886-1132		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PODIATRIST FOOT AND ANKLE SPECIALIST					
7. NAMES AND ADDRESSES OF THE OFFICERS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name ANDREW J LEMOI			Vice President Name ANDREW J LEMOI		
Street Address 10 BLUEBIRD LANE			Street Address 10 BLUEBIRD LANE		
City CRANSTON	State RI	Zip 02921-3571	City CRANSTON	State RI	Zip 02921-3571
Secretary Name ANDREW J LEMOI			Treasurer Name ANDREW J LEMOI		
Street Address 10 BLUEBIRD LANE			Street Address 10 BLUEBIRD LANE		
City CRANSTON	State RI	Zip 02921-3571	City CRANSTON	State RI	Zip 02921-3571
8. NAMES AND ADDRESSES OF THE DIRECTORS: (*X* BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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
9. SHARES AUTHORIZED					
10. SHARES ISSUED (*X* BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 200.		Class/Series COMMON	Par Value \$0.0100

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 16 2011

By

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

ANDREW J. LEMOI

Print or Type Name

PRESIDENT

Title

File Date
Check No.
By
FOR SECRETARY OF STATE USE ONLY