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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 2012

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			
84832	Rhode Island Foot Care, Inc.			
3. Street Address Principal Business Office		City	State	Zip
649 East Avenue		Pawtucket	RI	02860
4. Business Phone No.	5. State of Incorporation			
401-305-3800	Rhode Island			

6. Brief Description of the Character of Business Conducted in Rhode Island
To engage in the practice of podiatry.

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

President Name	Street Address	City	State	Zip
David Greenberg, D.P.M.	3 Jones Circle	Barrington	RI	02806
Vice President Name	**Street Address**	**City**	**State**	**Zip**
Douglas Glod, D.P.M	40 Crystal Drive	East Greenwich	RI	02818
Secretary Name	**Street Address**	**City**	**State**	**Zip**
Michael A. Battey, D.P.M.	20 Arbor Way	East Greenwich	RI	02818
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Robert Gibbons, D.P.M.	75 Hunter Ridge Drive	Scituate	RI	02857

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

Director Name	Street Address	City	State	Zip
None				
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

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.

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

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
600	Common	$1.00 par

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]

FILED
JAN 31 2012
By 142099
DS

[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 1/17/12

David Greenberg
Print or Type Name

[redacted] President
Title

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

72660-12-714789

Form 630 Rev. 08/08

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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