

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 2013

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. 156246	Shoreline	2. Name of Corporation Shoreline Podiatry, Inc.						
3. Street Address Principal But 24 Salt Pond Road	siness Office Suite E-1		City Wakefield	State RI	<i>zip</i> 02879			
4. Business Phone No. 5. State of Incorporation 401-783-2424 Rhode Island					•			
6. Brief Description of the Cha Podiatry	aracter of Business Condi	icted in Rhode Island						
7. NAMES AND ADDRE	SSES OF THE OFF	ICERS: ("X" BOX FOR ATTA	CHMENT)   FILL IN	SPACES BEFORE USING	ATTACHMENTS			
President Name			Vice President Name					
James I McCormick			Eric J Buchbaum					
Street Address 74 Summer Street			Street Address 57 Hillcrest Road					
City Westerly	State RI	<sup>Zip</sup> 02891	City Wakefield	State RI	<sup>Zip</sup> 02879			
Secretary Name Eric J Buchbaum			Treasurer Name James I McCormick					
Street Address 57 Hillcrest Road			Street Address 74 Summer Street					
City Wakefield	State RI	<sup>Zip</sup> 02879	City Westerly	State RI	<i>Zip</i> 02891			
8. NAMES AND ADDRE	SSES OF THE DIR	ECTORS: ("X" BOX FOR AT	ACHMENT) 🗌 FILL I	N SPACES BEFORE USIN	NG ATTACHMENTS			
Director Name			Director Name	and the street of the street o	in the second of			
James I McCormick			Eric J Buchbaum					
Street Address			Street Address					
74 Summer Street			57 Hillcrest Road					
City	State	Zip	City	State	Zip			
Westerly	RI	02891	Wakefield	RI	02879			
Director Name			Director Name	•••••••••••••••••••••••••••••••••••••••				
Street Address			Street Address					
City	State	Zip	City	State	Zip			
9. SHARES AUTHORIZI	ED .			 D <i>("X" BOX FOR ATTAC</i> ECTION <u>MUST</u> BE COMPLETED				
This information is curr	rently of record in t	he Office of the Secretary of	Number of Shares	Class/Series	Par Value			
State. Changes require instruction sheet.	an additional filing	. See Section 9 of	1000	STK	\$1.00			
			zagli lita					
This report must be executhis report must be executive.	cuted on behalf of the	he corporation by an authorize the corporation by the receiver	d representative. If the or trustee.	corporation is in the hand	ls of a receiver or trustee,			

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**FILED** 

That to continue	
Under penalty of perjury, I declare a	and affirm that I have examined this report,
	ules and statements, and that all statements
contained herein are true and correct	rt.
$-(b_1)$	2-7-13
Signature J	Date
James McCormick	
Print of Type Name	
President	
Title	
	Form 630 Rev. 08/08