

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 Business Office 24 Salt Pond Road Suite E-1			City Wakefield	State RI	<i>zip</i> 02879		
4. Business Phone No. 401-783-2424	J. Sime of incorporation				•		
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	^{Zip} 02891	City Wakefield	State RI	^{Zip} 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	^{Zip} 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		
			zagl. St.				
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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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