



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 84832		2. Exact name of the Corporation Rhode Island Foot Care, Inc.			
3. Principal office address 649 East Avenue		City Pawtucket	State RI	Zip 02860	
4. Business Phone No. 305-3800		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Practice of podiatry.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☒					
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
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
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
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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	CLASS/SERIES	PAR VALUE
			600	Common	\$1.00 par

SECRETARY OF STATE
CORPORATIONS DIV
FEB - 6 AM 9:12

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.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

BY **Ch 216584**

FEB 06 2014

FILED

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 of Authorized Representative

David Greenberg

Print or Type Name of Authorized Representative

Date

1/28/14

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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