



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000083848

2. Name of Corporation Rhode Island Podiatric Medical Association

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: 469 CENTERVILLE ROAD

City or Town: WARWICK

State: RI Zip: 02886 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROMOTING THE ART AND SCIENCE OF PODIATRIC MEDICINE AND SURGERY
AMONG AND ON BEHALF OF DOCTORS OF PODIATRIC MEDICINE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
PRESIDENT	KRYUIA LEPOER	235 PLAIN STRET PROVIDENCE, RI 02905 USA
VICE PRESIDENT	RICHARD BAKER DPM	400 MASSASOIT AVENUE, SUITE 201 EAST PROVIDENCE, RI 02919 US

DIRECTOR	JORDAN DEHAVEN DPM	1180 HOPE STREET BRISTOL, RI 02809 US
DIRECTOR	RICHARD REUTER DPM	1180 HOPE STREET BRISTOL, RI 02809 US
DIRECTOR	DAVID RUGGIERO DPM	1525 WAMPANAUG TRAIL EAST PROVIDENCE, RI 02915 US

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CHRISTOPHER H. LITTLE 72 PINE STREET PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 24 Day of July, 2015 at 2:11:03 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By ACHYUT KAMAT, MD
Signature of Authorized Person

Form No. 631
Revised 09/07

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