



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 2015

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. 104511		2. Exact name of the Corporation NORTH SMITHFIELD PODIATRY INC			
3. Principal office address 249 EDDIE DOWLING HIGHWAY		City NORTH SMITHFIELD	State RI	Zip 02896	
4. Business Phone No. 401-769-5611		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO ENGAGE IN THE BUSINESS OF PODIATRIC MEDICINE					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☒					
President Name DR JAMES C SULLIVAN			Vice-President Name DR JAMES C SULLIVAN		
Street Address 249 EDDIE DOWLING HIGHWAY			Street Address 249 EDDIE DOWLING HIGHWAY		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
Secretary Name DR JAMES C SULLIVAN			Treasurer Name DR JAMES C SULLIVAN		
Street Address 249 EDDIE DOWLING HIGHWAY			Street Address 249 EDDIE DOWLING HIGHWAY		
City NORTH SMITHFIELD	State RI	Zip 02896	City NORTH SMITHFIELD	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X) BOX FOR ATTACHMENT ☐					
Director Name			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.					

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

FILED
SEP 30 2015

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

Date
9/25/15

Print or Type Name of Authorized Representative