



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

STAMP
 2017 FEB 11
 RI
 11

1. Entity ID Number 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. NAICS Code 81 - Other Services (except Pub		6. Brief description of the character of business conducted in Rhode Island Paractice of podiatry			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
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 BrianPontarelli, 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) Check the box to indicate an attachment <input type="checkbox"/>					
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 Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			600	Common	\$1.00 par
11. 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. <i>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.</i>					
Name of Authorized Representative David Greenberg				Date 2-8-17	
Signature of Authorized Representative 			FILED SIGN DOCUMENT HERE FEB 11 2017		

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

By AL 56811