



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 2017

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. 113226		2. Exact name of the Corporation Foot & Ankle Institute of New England, Inc.			
3. Principal office address 400 Bald Hill Road			City Warwick	State RI	Zip 02886
4. Business Phone No. 401-738-7750			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Podiatry					
President Name Robert E. Gallucci, D.P.M.			Vice-President Name Stephen J. Rogers, D.P.M.		
Street Address 400 Bald Hill Road			Street Address 400 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name John Sabourin, D.P.M.			Treasurer Name Robert E. Gallucci, D.P.M.		
Street Address 400 Bald Hill Road			Street Address 400 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name Robert E. Gallucci, D.P.M.			Director Name Stephen J. Rogers, D.P.M.		
Street Address 400 Bald Hill Road			Street Address 400 Bald Hill Road		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name John Sabourin, D.P.M.			Director Name		
Street Address 400 Bald Hill Road			Street Address		
City Warwick	State RI	Zip 02886	City	State	Zip
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
			150	Common	no par

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.

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]
 Signature of Authorized Representative Date **1/23/17**

Robert E. Gallucci, D.P.M., President
 Print or Type Name of Authorized Representative

FILED
FEB 15 2017
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