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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

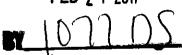
→ Penalty: Additional \$25.00 fe	ee if form is not fil	ed by April 1.		_		:5 TH	
1. Entity ID Number 148905	2. Exact name of the Corporation Andrew B. Silverman, D.P.M., Inc.						
3. Principal Office Address 333 SCHOOL STREET, UNIT 209			City Pawtucket	Sta RI		Zip 02860	
4. NAICS Code	Brief description	on of the charac	ter of business c	onducted in Rhode Is	land		
62 - Health Care and Social Ass	TO OWN AND OPERATE A PODIATRY PRACTICE						
5. State of Incorporation Rhode Island							
7. List ALL officers (names and add	resses)			Check t	he box to ir	idicate an attachment 🔲	
President Name Andrew B. Silverm	Vice-President Name Andrew B. Silverman						
Street Address 2 Pine Grove Circle	Street Address 2 Pine Grove Circle						
City Greenville	State RI	^{Zip} 02828	City Greenville		State RI	^{Zip} 02828	
Secretary Name Andrew B. Silverman			Treasurer Name Andrew B. Silverman				
Street Address 2 Pine Grove Circle			Street Address 2 Pine Grove Circle				
^{City} Greenville	State RI	^{Zip} 02828	City Greenville		State RI	^{Zip} 02828	
8. List ALL directors (names and addresses)			Check the box to indicate an 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 Check the box to indicate an attac					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES 100		CLASS/SERIES Common		PAR VALUE No Par	
							
11. This report must be executed or trustee, this report must be execute					ration is in t	he hands of a receiver or	
Under penalty of perjury, I declar statements, and that all statemen	e and affirm that	I have examin	ed this report, i		panying s	chedules and	
Name of Authorized Representative Andrew B. Silverman				1. Dem	Date /		
Signature of Authorized Representa	ative		eußina i it	L DAM		- , , , , , , , , , , , , , , , , , , ,	

MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040 Website: www.sos.ri.gov



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