



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.

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| 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 | State RI | Zip 02860 | | | | | | | | | |
| 4. NAICS Code 62 - Health Care and Social As | | 6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A PODIATRY PRACTICE | | | | | | | | | | | | |
| 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 Andrew B. Silverman | | | 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 <input type="checkbox"/> | | | | | | | | | | | | | | |
| 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 attachment <input type="checkbox"/> | | | | | | | | | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | | <table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>No Par</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | 100 | Common | No Par | | | |
| | | | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE | | | | | | | | | |
| 100 | Common | No 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. | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | |
| Name of Authorized Representative Andrew B. Silverman | | | | | Date 1-27-2017 | | | | | | | | | |
| Signature of Authorized Representative <i>Andrew B. Silverman DPM</i> | | | | | | | | | | | | | | |

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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