



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.

1. Entity ID Number 10069		2. Exact name of the Corporation KENNETH M. SEGAL, D.P.M., LTD.			
3. Principal Office Address 677 Hope Street			City Providence	State RI	Zip 02906
4. NAICS Code 81 - Other Services (except Pul	6. Brief description of the character of business conducted in Rhode Island Engage in the practice of podiatric medicine, surgery and sports medicine				
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 Kenneth M. Segal			Vice-President Name Ellen Segal		
Street Address 677 Hope Street			Street Address 677 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Kenneth M. Segal			Treasurer Name Kenneth M. Segal		
Street Address 677 Hope Street			Street Address 677 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Kenneth M. Segal			Director Name		
Street Address 677 Hope Street			Street Address		
City Providence	State RI	Zip 02906	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
			100 shs	Common	No par value
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 Kenneth M. Segal				Date 3/9/17	
Signature of Authorized Representative 				<div style="text-align: center;"> FILED SIGN DOCUMENT HERE MAR 15 2017 </div>	

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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