



State of Rhode Island and Providence Plantations

## Department of State - Business Services Division

Annual Report for the year: 2018  
Corporation

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

**FILED**<sub>P</sub>

FEB 09 2018

BY 14506

1. Entity ID Number <b>113226</b>		2. Exact name of the Corporation <b>Foot &amp; Ankle Institute of New England, Inc.</b>			
3. Principal Office Address <b>400 Bald Hill Road</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
4. NAICS Code <b>622110</b>		6. Brief description of the character of business conducted in Rhode Island <b>Podiatry</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Robert E. Gallucci, D.P.M.</b>			Vice-President Name <b>Stephen J. Rogers, D.P.M.</b>		
Street Address <b>400 Bald Hill Road</b>			Street Address <b>400 Bald Hill Road</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Secretary Name <b>Stephen J. Rogers, D.P.M.</b>			Treasurer Name <b>Robert E. Gallucci, D.P.M.</b>		
Street Address <b>400 Bald Hill Road</b>			Street Address <b>400 Bald Hill Road</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Robert E. Gallucci, D.P.M.</b>			Director Name <b>Stephen J. Rogers, D.P.M.</b>		
Street Address <b>400 Bald Hill Road</b>			Street Address <b>400 Bald Hill Road</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>150</b>	<b>Common</b>	<b>No Par Value</b>
Changes require an additional filing.					
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.					
<b>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.</b>					
Name of Authorized Representative <b>Robert E. Gallucci, D.P.M.</b>					Date <b>1/18/18</b>
Signature of Authorized Representative 					

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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SECRETARY OF STATE  
CORPORATIONS DIV.  
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