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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
FEB 26 2018
BY 10704

1. Entity ID Number	2. Exact name of the Corporation		
80875	**Associates in Podiatry**		
3. Principal Office Address	City	State	Zip
1050 Main Street	**East Greenwich**	**RI**	**02818**
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
621391	**The practice of Podiatry**		
5. State of Incorporation			
Rhode Island			

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name			Vice-President Name		
Thomas E. Mancini			**Thomas E. Mancini**		
Street Address **1050 Main Street**			Street Address **1050 Main Streeet**		
City **East Greenwich**	State **RI**	Zip **02818**	City **East Greenwich**	State **RI**	Zip **02818**
Secretary Name **Thomas D. Mancini**			Treasurer Name **Thomas E. Mancini**		
Street Address **1050 Main Street**			Street Address **1050 Main Street**		
City **East Greenwich**	State **RI**	Zip **02818**	City **East Greenwich**	State **RI**	Zip **02818**

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
NONE					
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

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	**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	Date
Thomas E. Mancini	1/10/18

Signature of Authorized Representative SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040