



Department of State - Business Services Division

Annual Report for the year: **2018**
Corporation

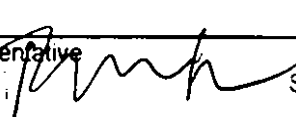
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FEB 26 2018

BY

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- 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 80875		2. Exact name of the Corporation Associates in Podiatry			
3. Principal Office Address 1050 Main Street		City East Greenwich		State RI	Zip 02818
4. NAICS Code 621391		6. Brief description of the character of business conducted in Rhode Island 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 Thomas E. Mancini			Vice-President 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
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 NONE			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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200		common	no par
10. Shares Issued Check the box to indicate an attachment ☐					
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 Thomas E. Mancini				Date 1/18/18	
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