



State of Rhode Island and Providence Plantations

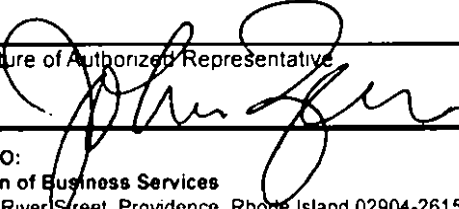
Department of State - Business Services Division

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.

1. Entity ID Number 000101462		2. Exact name of the Corporation South County Podiatry Associates, Inc.			
3. Principal Office Address 70 Kenyon Avenue			City South Kingstown	State RI	Zip 02879
4. NAICS Code 621391		6. Brief description of the character of business conducted in Rhode Island The practice of podiatric medicine and surgery.			
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 John C. Zervos			Vice-President Name Eleni T. Pappas		
Street Address 70 Kenyon Avenue			Street Address 70 Kenyon Avenue		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
Secretary Name John C. Zervos			Treasurer Name Eleni T. Pappas		
Street Address 70 Kenyon Avenue			Street Address 70 Kenyon Avenue		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John C. Zervos			Director Name Eleni T. Pappas		
Street Address 70 Kenyon Avenue			Street Address 70 Kenyon Avenue		
City South Kingstown	State RI	Zip 02879	City South Kingstown	State RI	Zip 02879
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		
			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. 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 3/25/18
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

FILED

MAR 28 2018

BY

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FORM 630 - Revised: 10/2017