RI SOS Filing Number: 201869904520 Date: 6/19/2018 9:49:00 AM



State of Rhode Island and Providence Plantations Office of the Secretary of State

Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040

Non-Profit Corporation Annual Report

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2018

- 1. Corporate ID No. 000083848
- 2. Name of Corporation Rhode Island Podiatric Medical Association
- 3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>

NAICS Code

6

Fee: \$20.00

813920

4. Corporate Address in Rhode Island

No. and Street: 405 PROMENADE STREET, SUITE A

City or Town: $\underline{PROVIDENCE}$ State: RI Zip: $\underline{02908}$ Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

PROMOTING THE ART AND SCIENCE OF PODIATRIC MEDICINE AND SURGERY AMONG AND ON BEHALF OF DOCTORS OF PODIATRIC MEDICINE.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL REUTER DPM	1180 HOPE STREET BRISTOL, RI 02809 USA
TREASURER	JORDAN DEHAVEN DPM	1180 HOPE STREET BRISTOL, RI 02809 USA
SECRETARY	DOMINIC RODA DPM	41 SANDERSON ROAD SMITHFIELD, RI 02917 USA
EXECUTIVE DIRECTOR	MARC BIALEK	405 PROMENADE ST PROVIDENCE, RI 02908 USA
VICE PRESIDENT	JASON MALLETTE DPM	1087 WARWICK AVENUE WARWICK, RI 02888 USA
DIRECTOR	KRYSIA LEPOER DPM	235 PLAIN STREET PROVIDENCE, RI 02905 USA
DIRECTOR	TAMMY VANDINE DPM	1087 WARWICK AVENUE WARWICK, RI 02888 USA
DIRECTOR	JONATHAN SABOURIN DPM	850 AQUIDNECK AVENUE MIDDLETOWN, RI 02860 USA

8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARC BIALEK 405 PROMENADE ST SUITE A PROVIDENCE, RI 02908

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 19 Day of June, 2018 at 9:49:27 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By MARC BIALEK

Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2018 State of Rhode Island and Providence Plantations All Rights Reserved