



State of Rhode Island and Providence Plantations  
**Department of State - Business Services Division**

**FILED**

Annual Report for the year: 2019  
 Corporation

FEB 06 2019

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

BY JTB

1. Entity ID Number <b>00001225</b>		2. Exact name of the Corporation <b>AQUIDNECK PODIATRY LTD.</b>	
3. Principal Office Address <b>55 MEMORIAL BOULEVARD</b>		City <b>NEWPORT</b>	State <b>R.I.</b>
		Zip <b>02840</b>	
4. NAICS Code <b>621391</b>	6. Brief description of the character of business conducted in Rhode Island <b>OFFICE OF PODIATRIC MEDICINE PROVIDING FOOT AND ANKLE MEDICAL CARE</b>		
5. State of Incorporation <b>R.I.</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>BRIAN W. CORNELL</b>		Vice-President Name <b>BRIAN W. CORNELL</b>	
Street Address <b>55 MEMORIAL BOULEVARD</b>		Street Address <b>55 MEMORIAL BLVD</b>	
City <b>NEWPORT</b>	State <b>R.I.</b>	City <b>NEWPORT</b>	State <b>RI</b>
Zip <b>02840</b>		Zip <b>02840</b>	
Secretary Name <b>BRIAN W. CORNELL</b>		Treasurer Name <b>BRIAN W. CORNELL</b>	
Street Address <b>55 MEMORIAL BOULEVARD</b>		Street Address <b>55 MEMORIAL BOULEVARD</b>	
City <b>NEWPORT</b>	State <b>RI</b>	City <b>NEWPORT</b>	State <b>RI</b>
Zip <b>02840</b>		Zip <b>02840</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>BRIAN W. CORNELL</b>		Director Name	
Street Address <b>55 MEMORIAL BOULEVARD</b>		Street Address	
City <b>NEWPORT</b>	State <b>RI</b>	City	State
Zip <b>02840</b>		Zip	
Director Name		Director Name	
Street Address		Street Address	
City	State	City	State
Zip		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing. <b>1,000 COMM NO PAR VALUE</b>		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>	
		NUMBER OF SHARES <b>100</b>	CLASS/SERIES <b>NO PAR VALUE</b>
			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 <b>BRIAN W. CORNELL</b>		Date <b>2-3-2019</b>	
Signature of Authorized Representative <i>Brian W. Cornell</i>			