



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

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 CORPORATIONS DIV **STAMP**

Annual Report for the year: 2019

2019 FEB -7 PM 3:00

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 000054998	2. Exact name of the Corporation Podiatry Specialists of Rhode Island, Inc.		
3. Principal Office Address 1539 Atwood Avenue, Suite 102		City Johnston	State RI
		Zip 02919	
4. NAICS Code 621391	6. Brief description of the character of business conducted in Rhode Island Practice of podiatry medicine.		
5. State of Incorporation Rhode Island			

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 2019 FEB 8 PM 2:10

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

President Name John Miele, D.P.M.			Vice-President Name Joanne C. Miele		
Street Address 8 Winika Court			Street Address 8 Winika Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name John Miele, D.P.M.			Treasurer Name John Miele, D.P.M.		
Street Address 8 Winika Court			Street Address 8 Winika Court		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919

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

Director Name John Miele, D.P.M.			Director Name		
Street Address 8 Winika Court			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
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
	100.00	CNP	\$0.000

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 John Miele, D.P.M.	FILED	Date 1/17/19
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Signature of Authorized Representative 	SIGN DOCUMENT HERE	FEB 08 2019
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BY **FJSG**
2:10

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