

State of Rhode Island and Providence Plantations
Department of State - Business Services DivisionAnnual Report for the year: 2020
Corporation

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

FILED

FEB 03 2020

BY

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1. Entity ID Number 000001225		2. Exact name of the Corporation AQUIDNECK PODIATRY LTD.	
3. Principal Office Address 55 MEMORIAL BOULEVARD		City NEWPORT	State R.I.
		Zip 02840	
4. NAICS Code 621391	6. Brief description of the character of business conducted in Rhode Island OFFICE OF PODIATRIC MEDICINE PROVIDING FOOT AND ANKLE MEDICAL CARE		
5. State of Incorporation R.I.			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name BRIAN W. CORNELL		Vice-President Name BRIAN W. CORNELL	
Street Address 55 MEMORIAL BOULEVARD		Street Address 55 MEMORIAL BLVD	
City NEWPORT	State R.I.	City NEWPORT	State RI
Zip 02840		Zip 02840	
Secretary Name BRIAN W. CORNELL		Treasurer Name BRIAN W. CORNELL	
Street Address 55 MEMORIAL BOULEVARD		Street Address 55 MEMORIAL BOULEVARD	
City NEWPORT	State RI	City NEWPORT	State RI
Zip 02840		Zip 02840	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name BRIAN W. CORNELL		Director Name	
Street Address 55 MEMORIAL BOULEVARD		Street Address	
City NEWPORT	State RI	City	State
Zip 02840		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. 1,000 COMM NO PAR VALUE		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES 100	CLASS/SERIES 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 BRIAN W. CORNELL		Date 1-30-2020	
Signature of Authorized Representative <i>Brian W. Cornell</i>			