



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

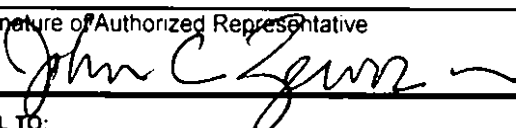
Annual Report for the year: **2020**
Corporation

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

FILED

APR 01 2020

5074

1. Entity ID Number 000101462		2. Exact name of the Corporation South County Podiatry Associates, Inc.			
3. Principal Office Address 24 Salt Pond Road, Unit E1			City Wakefield	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 ☐					
President Name John C. Zervos			Vice-President Name Eleni T. Pappas		
Street Address 24 Salt Pond Road, Unit E1			Street Address 24 Salt Pond Road, Unit E1		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name John C. Zervos			Treasurer Name Eleni T. Pappas		
Street Address 24 Salt Pond Road, Unit E1			Street Address 24 Salt Pond Road, Unit E1		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
Director Name John C. Zervos			Director Name Eleni T. Pappas		
Street Address 24 Salt Pond Road, Unit E1			Street Address 24 Salt Pond Road, Unit E1		
City Wakefield	State RI	Zip 02879	City Wakefield	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 ☐		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES		
			CLASS/SERIES		PAR VALUE
			100	common	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 John C. Zervos				Date 3/26 , 2020	
Signature of Authorized Representative 			SIGN DOCUMENT HERE		

MAIL TO:

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