

Filing Period: January 1 - March J Filing Fee: \$50.00

2. Name of Corporation

Kenneth M. Segal, D.P.M., Ltd.

(FORM MUST BE TYPED IN BLACK)

3. Street Address Principal Business Office

1. Corporate ID No.

10069

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RJ 02903-1335 401.222.3040

Zip

State

PRÖFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

RI Providence 02906 677 Hope Street 6. SIC Code 5. State of Incorporation 4 Business Phone No. 9241 Rhode Island (401) 421-7466 7. Brief Description of the Character of Business Conducted in Rhode Island Engage in practice of podiatric medicine, surgery and sports medicine SANAMES AND ADDRESSES OF THE OFFICERS (PXP BOX FOR ATTACHMENT) AD FIRE IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Kenneth M. Segal .Ellen Segal Street Address Street Address .677 Hope Street 677 Hope Street City State City State RI 02906 Providence Providence RΙ 02906 Treasurer Name Secretary Name Kenneth M. Segal Kenneth M. Segal Street Address Street Address 677 Hope Street 677 Hope Street City State Zıp City State Zio 02906 RI 02906 Providence RΙ . Providence ONAMES AND ADDRESSES OF THE DIRECTORS (FXF BUX FOR ATTACHMENT) WILL, IN SPACES BEFORE USING AUGACHMENTS Director Name Director Name Kenneth M. Segal Street Address Sircei Address 677 Hope Street State Zip City State Zip ·City 02906 Providence RI Director Name Director Name Street Address ·Sircei Address City State City Siate 10. SHARES AUTHORIZED (PXP BOX FOR ATTACHMENT) (ILSHARES ISSUED ("X" BOX FOR ATTACHMENT) . **AUTHORIZED SHARES** ISSUED SHARES Number of Shares Cluss/Series Par Value Number of Shares Cluss Series Common No par value 100 shs 1,000 No par value This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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. File Date Signature of Officer Check No. Kenneth M. Segal Print or Type Name of Officer MAR 1 8 2005 President FOR SECRETARY OF STATE USE ONLY Title of Officer Form 630 12/01

City



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State

Matthew A. Brown, Secretary of State
Corporations Division
100 North Main Street, Providence, RJ 02903-1335

401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

(FORM MUST BE TYPE) 1. Corporate ID No.	2. Name of Corpo	ration					
10069		Segal, D.P.M., Ltd.					
3. Street Address Principa			City	State	Zip		
677 Hope Stree	et		Providence	RI	02906		
4. Business Phone No.	_	5. State of Incorpor		6. SIC Code			
(401) 421-746		Rhode Island		9241			
7. Brief Description of the	Character of Business Con	ducted in Rhode Island	y and sports medicine				
8.NAMESANDADD	RESSES OF THE OF	ICERS (FX BOX FOR	KATRICHMENIO) E PIDA, INSI	ACES BEFORE USING A	TTACHMENTS		
Kenneth M. Segal			.Vice President Name • Ellen Segal				
Street Address			Sireel Address				
677 Hope Stree	t		677 Hope Street	.			
City	State	Zip	City	State			
Providence	RI	02906	Providence	RI .	<i>Zip</i> 02906		
Secretary Name			Treasurer Name				
Kenneth M. Segal Street Address 677 Hope Street			.Kenneth M. Sega	Kenneth M. Segal			
			* Street Address				
			677 Hope Street	.677 Hope Street			
City	State	Zip	*City	State	Zip		
Providence	RI	02906	. Providence	RI	02906		
Q.NAMESANDADD	RESSES OF THE DIR	ECTORS (*X*BOX FO	ORATION DELICATION OF THE STATE	SPACES BEFORE USING	ATTACHMENTS		
Director Name			Director Name				
Kenneth M. Seg	al		•				
Sircei Address			Street Address	•			
677 Hope Stree	t .						
City	State	Zip	•City	State	Zip		
Providence	RI	02906					
Director Nume			· Director Name				
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1,000 No pai value			100 shs	Common	No par value		
							
This report must be s	signed in ink by eithe	er the President, Vic	e President, Secretary, Assi	stant Secretary, Treasi	urer, Receiver or Truste		
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	m Maica Ailla (a)						

File Date 1- 22-04	_
Check No. UOIG	_
By:	-
FOR SECRETARY OF STATE USE ONLY	-

Title of Officer

Form 630 12/01



Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003 Filing Period: January 1-March 1 • Filing Fee: \$50.00

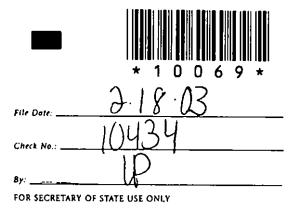
STOP FILASI READ INSTRUCTIONS

(FORM MUST BE TYPED OR PRINTED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 10069 Kenneth M. Segal, D.P.M., Ltd. ** 3. Street-Address Principal Business Office Zip 02906 677 Hope Street: Providence 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 421-7466 **RHODE ISLAND** 9241 7. Brief Description of the Character of Business Conducted in Rhode Islan Engage in practice of podiatric medicine, surgery and sports medicine 8. NAMES AND ADDRESSES OF THE OFFICERS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Kenneth M. Segal Ellen Segal Street Address Street Address 677 Hope Street 677 Hope Street City State City Zip Providence RI 02906 Providence RI 02905 Secretary Name Treasurer Name Kenneth M. Segal Kenneth M. Segal Street Address Street Address **677 Hope Street 677 Hope Street** City City State Zip Providence RI 02906 Providence 02906 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Kenneth M. Segal Street Address Street Address 677 Hope Street City State ZIP City Zip Providence RI 02906 Director Name Director Name Street Address Street Address City State ZIp City State Zip 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) AUTHORIZED SHARES **ISSUED SHARES** Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1.000 NO PAR VALUE 100 shs Common No Park Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

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Ferm 630 12/02



(FORM MUST BE TYPED IN BLACK)

FOR SECRETARY OF STATE USE ONLY

Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

this report, including any accompanying schedules and statements, and

that all statements contained herein are true and correct.

Kenneth H. Segal
Print or Type Name of Officer

President

Title of Officer

STOP PERMERIAD INSTRUCTIONS

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002 Filing Period: January 1-March 1 • Filing Fee: \$50.00

1. Corporate ID No.	2 Name of Corpore	ation			
10069	Kenneth M.	Segal, D.P.M., Ltd.			
3 Street Address Principal Busines.			City	State	Zip
677 Hope Street			Providence	Ri	02906
4 Business Phone No		5. State of Incorporation		n.i	6. SIC Gude
(401) 421-7466		RHODE ISLAND			9241
2. Brief Description of the Characte	er of Business Conducted				
Engage in practice	of podiatric me	dicine, surgery and spi	nets medicine		
8. NAMES AND ADDRES	SSES OF THE OFF	ICERS ("X" BOX FOR ATTACH	MENT) FILL IN SPACE	S BEFORE USING ATTA	CHMENTS
President Name			Vice President Name		
Kenneth M. Segal			Ellen Segal		
Street Address			Street Address		
677 Hope Street			677 Hope Street		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name			Treasurer Name		***************************************
Kenneth M. Segal			Kenneth M. Segal		
Street Address			Street Address		
677 Hope Street			677 Hope Street		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
9. NAMES AND ADDRES	SSES OF THE DIR	ECTORS ("X" BOX FOR ATTAC		CES BEFORE USING AT	TACHMENTS
			Director Name		
Kenneth M. Segal			Crearle de de	and the state of t	gast to a state of the state of
677 Hope Street		•	Street Address		
City	State	., . Zip	CHV	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	
Providence	RI		Cay .	State	Zip
Director Name		02906	Desate Non		
			Director Name		
Street Address			Street Address		
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PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001 Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST	RE TYPED IN REACK)	

1. Corporate ID No	2. Nume of Corporation Kenneth H. Se

gal, D.P.M., Ltd.

3. Street Address Principal Business Office City 677 Hope Street Providence RI 02906

4. Business Phone No 5. State of Incorporation (401) 421-7466 RHODE ISLAND

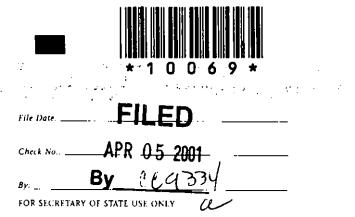
7 Brief Description of the Character of Business Conducted in Rhode Island. Engage in practice of podiatric medicine, surgery and sports medicine.

8. NAMES AND ADDRESSI President Name	ES OF TH	E OFFICE	RS ("X" BO	X FOR ATTACE	(MENT) FILL IN SPACES Vice President Name	BEFORE USIN	G ATTACH	MENTS	
Kenneth M. Segal					Ellen Segal				
Street Address					Street Address				
677 Hope Street					677 Hope Str	eet			
Cny Providence	State	RI	Zip	02906	Cmy Providence	State	RI	Zip	02906
Secretary Name Kenneth M. Segal					Treasuger Name Kenneth M. So	egal			
Street Street					Street 6种755Hope Stre	eet			
Cay Providence	State	RI	Zip	02906	Cay Providence	State	RI	Zip	02906
9. NAMES AND ADDRESS	ES OF TH	E DIRECT	rors (*x*	BOX FOR ATTA	CHMENT) FILL IN SPACE	ES BEFORE US	ING ATTAC	CHMENTS	
Director Name Kenneth M. Segal					Director Name				
Street Address 677 Hope Street					Street Address				
^{Car} Providence	State	RI	Zip	02906	City	State		Zip	
Director Name					Director Name				
Street Address					Street Address				
City	State		Zip		City	State		Zip	
10. SHARES AUTHORIZED	("X" BOX F	OR ATTACE	HMENT)		11. SHARES ISSUED ("X" BOX FOR AT	TACHMENT)		
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1000 SHS NO PAR V	/AL				1				

100shs Common

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer



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.

Kenneth M. Segal Print or Type Name of Officer President



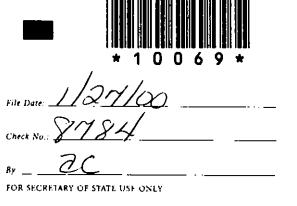
James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3046

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate II) No. 10069	2. Name of Corpor Kenneth I	ution 1. Segal, D.P.M.,	Ltd.	A STATE OF THE STA	and seems and a second
3. Street Address Principal Busine	ess Office		City	State	Žip
677 Hope Street			Providence	ŔI	02906
4 Business Phone No		5. State of Incorporation			6. SIC Code
(401) 421-7466		RHODE ISLAND			9241
7 Brief Description of the Charac	ter of Business Conducted	in Rhode Island			
Engage in practice (of podiatric medi	icine, surgery and spo	rts medicine		
8. NAMES AND ADDRI	ESSES OF THE OFF	ICERS ("X" BOX FOR ATTAC	HMENT) FILL IN SPACES	BEFORE USING ATTACI	HMENTS
President Name			Vice President Name		
Kenneth M. Segal			Ellen Segal		
Street Address			Street Address		
677 Hope Street			677 Hope Street		
City	State	Zıp	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name			Treusurer Name		
Kenneth M. Segal			Kenneth M. Segal		
Street Address			Street Address		
677 Hope Street			677 Hope Street		
City	State	Zıp	City	State	Zip
Providence	RI	02906	Providence	RI	0290₺
9. NAMES AND ADDRI	ESSES OF THE DIR	ECTORS ("X" BOX FOR ATT		ES BEFORE USING ATTA	CHMENTS
		** 1	Director Name		•
Kenneth M. Segal Street Address					
677 Hope Street			Street Address		
City	State	7:-	et a	dia a	-
Providence		Zip	City	State	Zip
Director Name	RI	02906	6: . N		
Expector stame			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	7.4
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10. SHARES AUTHORIZ	'FI) (*x* rox rop at	TACHMENT)	11 CHADEC ICCHED /	"X" BOX FOR ATTACHMENT.	1
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This report must be sig	ned in ink by eit	her the President, Vice	President, Secretary, Assi	stant Secretary, Treasu	rer, Receiver o
1.000					

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.

Kenneth M. Segal

Print or Type Name of Officer

President Title of Officer

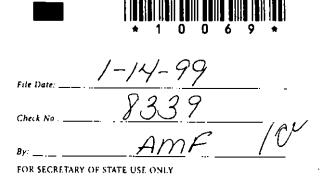
Signature of Officer



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Carporation Kenneth M. Segal, D.P.M., Ltd. 3 Street Address Principal Business Office Zip 02906 677 Hope Street Providence ·RI 4. Business Phone No. 6. SI 9249 5 State of Incorporation (401) 421-7466 Rhode Island 7. Brief Description of the Character of Business Conducted in Rhode Island Engage in practice of podiatric medicine, surgery and sports medicine 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS resident Name Vice President Name Kenneth M. Segal Ellen Segal Street Address Street Address 677 Hope Street 677 Hope Street City City Zip State Zip Providence RI 02906 Providence RI 02906 Secretary Name Treasurer Name Kenneth M. Segal Kenneth M. Segal Street Address Street Address 677 Hope Street 677 Hope Street City State Zip City State Zip Providence RI 02906 RΙ 02906 Providence SSES OF THE DIRECTORS (X PROX FOR ACTACOMENT), SHICK INSP Director Name Director Name Kenneth M. Segal Street Address Street Address 677 Hope Street State ZID City State Providence RI 02906 Director Name Director Name Street Address Street Address City State Zio City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) ALTHORIZED SHARES ISSUED SHARES Number of Shares Number of Shares Class/Series Par Value Class/Series Par Value 1000 SHS NO PAR VAL 100 CORROR This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, 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 confained herein are true and correct.

Signature of Officer Kenneth M. Segal

Print or Type Name of Officer

President Title of Officer



James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1998

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



In Corporate ID No. 72	2. Name of Corpora	tion	ng sangga kalang sa sa sa sa kalangga kalang	· · · · · · · · · · · · · · · · · · ·	
10069 3. Street Address Principal Business	Kenneth M.	Segal, D.P.M., Ltd.	City	State	Zip
677 Hope Street		,	Providence	RI	02906
4. Business Phone No.		5. State of Incorporation			6. SIC Code
(401) 421-7466		RHODE ISLAND)		9241
7. Brief Description of the Character		n Rhode Island			024.
Engage in practice	of podiatric m	edicine, surgery and s	ports medicine		
8. NAMES AND ADDRESS	SES OF THE OFFI	CERS (*X* BOX FOR ATTACH	IMENT)	•	
President Name			Vice President Name		
Kenneth M. Segal			Ellen Segal		
Street Address			Street Address		-
677 Hope Street			677 Hope Street		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
Secretary Name			Treasurer Name		
Kenneth M. Segal			Kenneth M. Segal		
Street Address 677 Hope Street			· Street Address		
ass whe acreer			677 Hope Street		
City	State	Zip	City	State	Zip
Providence	RI	02906	Providence	RI	02906
9. NAMES AND ADDRESS	SES OF THE DIRI	ECTORS ("x" box for atta			
Director Name			Director Name		
Kenneth M. Segal					
Street Address			Street Address		
677 Hope Street			_		
City Providence	State	Zip	City	State	Zip
	RI	02906			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATI	ACHMENT)	11. SHARES ISSUED ("X	* BOX FOR ATTACHMENT)	
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

	* 1 0 0 6 9 *
File Date	1.12.98
Check No.	7893
By:	
FOR SECRETARY O	F STATE USE ONLY

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.

Signature of Officer

Kenneth M. Segal

Print or Type Name of Officer

President

Title of Officer



fames R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-277-3040

PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation KENNETH M. SEGAL, D.P.M., Ltd. 10069 3. Street Address Principal Business Office City State 677 Hope Street Providence RI 02906 4. Business Phone No. 5. State of Incorporation 6. SIC Code (401) 421-7466 RHODE ISLAND 9241 7. Brief Description of the Character of Business Conducted in Rhode Island Engage in practice of podiatric medicine, surgery and sports medicine 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) President Name Vice President Name Kenneth M. Segal Ellen Segal Street Address Street Address 677 Hope Street 677 Hope Street City State City Zip Providence RI 02906 Providence RI 02906 Secretary Name Treasurer Name Kenneth M. Segal Kenneth M. Segal Street Address Street Address 677 Hope Street 677 Hope Street City State ZipCity State 210 02906 Providence RI 02906 Providence 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Kenneth M. Segal Street Address 677 Hope Street City State State Zip Providence RI 02903 Director Name Director Name Street Address Street Address City State City State Zip 10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Por Value Number of Shares Class/Series Par Value 1000 shs No Par Value 100 COBBON none This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

the Date:

| Color | C

Kenneth M. Segal

President

Under penalty of perjury, I declare and affirm that I have examined

Title of Officer

FOR SECRETARY OF STATE USE ONLY

PROFIT CORPORATION ANNUAL REPORT

1996



State of Rhode Island and Providence Plantations James R. Langevin, Secretary of State Corporations Division

100 North Main Street Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

Filing Fee: \$50.00

T-1		PLEASE TYPE OR PRI	NT IN BLACK INK.			
1. CORPORATE ID NO	2. NAME OF CORPORATION		······································	······		
10069	Kenneth	M. Segal, D.P.	.M., Ltd.			
3 STREET ADDRESS PRINCIPAL BUSINESS OFFICE			απ	STATE	ZIP CODE	
677 Hope Street			Providence	RI:	02906	
4 BUSINESS PHONE NO.		5. STATE OF INCORPORATION	.		6. SIC CODE	
(401) 421-7466		RHODE ISLA	AND		9241	
	ice of podiat	ric medicine, su	urgery and sports			
	8 NAM	ES'A'ND' ADDRE	SSES OF THE OF	EISCERS		
PRESIDENT HAME			VICE PRESIDENT NAME			
Kenneth M. Sega	1		Kenneth M. S	Segal		
STREET ADORESS			STREET ADDRESS			
<u>677 Hope Street</u>			677_Hope_Str	reet		
aly	STATE	ZIP COOE	any	STATE	ZIP CODE	
Providence	RI	02906	Providence	RI	02906	
SECRETARY HAVE		1886	TREASURER NAME	 		
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Kenneth M. Sega	1					
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677 Hope Street	STATE	ZIP CODE	any	STATE	ZIP CODE	
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	This r	report must be SIGNI	ED IN INK by either th	e		

President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee 2-22-96 File Date: Signature of Officer Check No: _Kenneth_M_Segal_ Print or Type Name of Officer

For Secretary of State Use Only

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.

2- 8 -96 Date President. Title of Officer

State of Rhode Island and Providence Plantations
Office of The Secretary of State
100 North Main Street
Providence, Rhode Island 02903-1335
401-277-3040 Main Street

ns ANNUAL REPORT
Please Type or Print
File Annually - Jan. 1 - March 1
Filing Fee \$50.00
Make Checks Payable to: Secretary of State

ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED Annual Report for the Year:____ Corporate ID: 10069 Name of Corporation: KENNETH M. SEGAL, D.P.M., LTD. Business Entity is (check one): Business entity organized under the] Business Corporation (See RIGL Chapter laws of the State of: Rhode Island 7-1.1) [X] Professional Service Corporation (See RIGL For foreign entity, address and telephone number of principal office: Chapter 7-5.1) Brief statement of the character of business conducted in Rhode Island: Engage in practice of podiatric medicine. Address and telephone of the principal surgery and sports medicine office of business entity in Rhode, Island (Provide street address - Not P.O. Box): 677 Hope Street 02906 Providence, RI Phone: (401) 421-7466 THE NAMES OF THE OFFICERS ARE: Zip Code 02906 Street Address 677 Hope Street City/State Providence, Rhode Island PRESIDENT Kenneth M. Segal City/State Zip Code VICE PRESIDENT Street Address Street Address 677 Hope Street Zip Code 02906 City/State Providence, Rhode Island SECRETARY Kenneth M. Segal City/State Providence, Rhode Island Street Address 677 Hope Street TREASURER Kenneth M. Segal THE NAMES OF THE DIRECTORS ARE: NAME Kenneth M. Segal Street Address 677 Hope Street City/State Providence, Rhode Island Zip Code City/State Street Address NAME Zip Code Street Address City/State NAME City/State Zip Code NAME Street Address NUMBER OF SHARES AUTHORIZED (Rider may be attached) NUMBER OF SHARES ISSUED AND OUTSTANDING (Rider may be attached) Class/Series Number of Shares Number of Shares Class/Series 100 Common 1000 Common January ___,19<u>_95</u> Kenneth M. Segal
Print or Type Name of Officer Signing President
Title of Officer Signing DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS: If the registered office and/or registered agent indicated below is incorrect, PLEASE NOTE: Form 9 must be filed.

> Robert D. Fine, Esq. One Park Row Providence, RI 02903

FILED

JAN 3 1 1995

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Filing Fee \$50.00 Payable to: Secretary of State

PLEASE TYPE OR PRINT State of Rhode Island and Providence Plantations

te of Rhode Island and Providence Plantations
Office of The Secretary of State

File Annually

LLC:Sept. 1 - Nov. 1

CORP: Jan. 1 - March 1

100 North Main Street Providence, Rhode Island 02903-1335 401-277-3040

Annual Report for the Year: 1994 Corporate ID: 10069 Name of Business Entity: KENNETH M. SEGAL, D.P.M., LTD. Business entity organized under the Business Entity is (check one): laws of the State of: Rhode Island [] Business Corporation (See RIGL Chapter 7-1.1) Federal Taxpayer Identification [X] Professional Service Corporation (See RIGL Chapter 7-5.1) [] Limited Liability Company (See RIGL 7-16) For foreign entity, address and telephone number of principal office: Kenneth M. Segal, D.P.M. 677 Hope Street Phone: Providence, RI 02906 Address and telephone of the principal Brief statement of the character of business office of business entity in Rhode Island (Provide street address - Not P.O. Box): conducted in Rhode Island: Engage in practice of podiatric medicine, 677 Hope Street surgery, and sports medicine 02906 <u>Providence, RI</u> Date of Organization: 11-8-82 Phone: (401) 421-7466 Date of Qualification to do business in Rhode Island (if foreign entity):_ THE NAMES OF THE OFFICERS ARE: ☐ Chief Executive Officer or ☐ President (Check One) Street Address City/State Zip Code Kenneth M. Segal 677 Hope Street, Providence, RI 02906 □ Chief Operating Officer or □ V. President (Check One) Street Address City/State Zip Code U Custodian of Records or U Secretary (Check One) Street Address City/State Zip Code Kenneth M. Segal 677 Hope Street, Providence, RI 02000 O Chief Financial Officer or O Treasurer (Check One) Street Address City/State Zip Code Kenneth M. Segal 677 Hope Street, Providence, RI 02906 THE NAMES OF THE DIRECTORS ARE: Street, Providence, Street Address Cit <u>Kenneth M. Segal</u> 677 Hope ŖΙ Zip Code Name City/State Name Street Address City/State Zip Code Name Street Address City/State Zip Code Name Street Address City/State Zip Code NUMBER OF SHARES AUTHORIZED (If Applicable) NUMBER OF SHARES ISSUED AND OUTSTANDING NUMBER 1000 NUMBER 100 CLASS Common CLASS Common SERIES SERIES PAR VALUE OR PAR VALUE OR WITHOUT PAR WITHOUT PAR No par value No par value Date February Wast Kenneth M. Scgal
Print or Type Name of Officer Signing President Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

02903

PLEASE NOTE: If the Corporation has changed its registered office and/or/registered or resident agent, Form 9 or Form LLC 3 must be filed.

Robert D. Fine One Park Row Providence RI FEB 2 2 1994 By AMT # 29 Filing Fee: \$50.00

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Corporate ID 10069

Annual Report for the year 1993

The name of the corporation is KENNETH M. SEGAL, D.P.M., LTD. FIRST:

It is incorporated under the laws of Rhode Island. SECOND:

THIRD: Character of business, briefly stated, is to engage in the

practice of podiatric medicine, surgery and sports medicine.

FOURTH: If foreign corporation, address of its principal office: N/A

FIFTH: Business address in Rhode Island: c/o Robert D. Fine, Esq., One

Park Row, Providence, RI 02903

SIXTH: Names and address of its directors and officers:

Name
Office
Address
Kenneth M. Segal
Director
677 Hope Street

Providence, RI 02906

Kenneth M. Segal President See above Kenneth M. Segal Secretary See above Kenneth M. Segal Treasurer See above

Number of Shares authorized: SEVENTH:

No. of Shares Class <u>Series</u> Par Value or statement that shares are without par value

1000 Common No par value

EIGHTH: Number of Shares issued:

No. of Shares <u>Class</u> Par Value or statement that

shares are without par value

100 Common No par value

Dated: February // , 1992 KENNETH M. SEGAL, D.P.M., LTD> (Name of Corporation)

(Report must be signed by an officer)

Rec'd & Filed JAN 1 27 003e: Prilde

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Corporate ID 0010069

Name

Annual Report for the year 1992

FIRST: The name of the corporation is Kenneth M. Segal, D.P.M., Ltd.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is to engage in the practice of podiatric medicine, surgery and sports medicine.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island: 677 Hope Street, Providence, RI 02906

Address

SIXTH: Names and address of its directors and officers:

Office

Kenneth M. Segal Kenneth M. Segal Kenneth M. Segal Kenneth M. Segal	Director President Secretary Treasurer			e
SEVENTH: Number o	f Shares authorized:	•		Par Value or statement
No of Shares	<u>Class</u>	<u>Series</u>		that shares are without par value
1,000	Common			No par value
EIGHTH: Number of	Shares issued:			Par Value or statement
N <u>o of Shares</u>	<u>Class</u>	<u>Series</u>		that shares are without par value
100	Common			No par va <u>l</u> ue
Dated: /-3/	1992	KENNETH M. SEC (Name of Corpor By: Marry Kenneth M. S	ration)	M., LTD.
(Report must be signed	by an officer)	Title: <u>Presider</u>	nt	

Control of the contro

Feb 5 10 31 at 32.

Rec'd 8 Files FEB 0 5 1992.

55 38 35 38

Filing Fee: \$50.00

To be filed annually between January 1st and March 1st

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Corporations Division 100 North Main Street Providence, Rhode Island 02903

Corporate ID 0010069

Name

Annual Report for the year 1991

FIRST: The name of the corporation is Kenneth M. Segal, D.P.M., Ltd.

SECOND: It is incorporated under the laws of Rhode Island.

THIRD: Character of business, briefly stated, is to engage in the practice of podiatric medicine, surgery and sports medicine.

<u>Address</u>

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island: 677 Hope Street, Providence, RI 02906

SIXTH: Names and address of its directors and officers:

Office |

			
Kenneth M. Segal	Director		63 Cambria Court,
Kenneth M. Segal Kenneth M. Segal Kenneth M. Segal	President Secretary Treasurer		Pawtucket, RI 02860 See above See above See above
SEVENTH: Number	of Shares authorized	• • • • • • • • • • • • • • • • • • • •	Par Value or statement
No of Shares	<u>Class</u>	Series	that shares are without par value
1,000	Common		No par value
EIGHTH: Number o	f Shares issued:		Par Value or statement
No of Shares	<u>Class</u>	<u>Series</u>	that shares are without par value
100	Common		No par value
Dated: /- 25 -	- 1991	KENNETH M. SE (Name of Corpo By: Lante 1. Kenneth M.	<u> </u>
(Report must be signe	d by an officer)	Title: <u>Preside</u>	nt

JAN31 1991

Rec'd & Filed JAN 31 1991

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0010069			Annual Report for the year 1980		
FIRST: The name of the corporation is			Kenneth M. Segal, D.P.M., Ltd.		
Secone	o: It is incorpora	ited under the laws of	Rhode Island		
THIRD:	Character of bu	siness, briefly stated,	is to engage in the practice of podiatric		
	medicine,	surgery and spor	ts medicine		
Fourt	H: If foreign corp	ooration, address of it	s principal office		
Г ІРТН:	Business address	in Rhode Island	677 Hope Street, Providence, R1 02906		
Ѕіхтн:	Names and add	resses of its directors a	(· · · · · · · · · · · · · · · · · · ·		
K	enneth M. Sega	Director	63 Cambria Court, Pawtucket, RI 02860		
***************************************	***************************************	Director			
••••	·›·	Director			
K	enneth M. Sega	.1 President	See above		
		Vice Pres	sident		
К	enneth M. Sega	.lSecretary	<i>!</i>		
	enneth M. Sega	Treasure	r		
Sevent	H: Number of S	hares authorized:	Par Value		
No. of SI	hares	Class	or statement that shares are without par value		
	1000	Common	shares are without par value par value		
Еібнтн	: Number of Sh	ares issued:	Par Value		
No. of SI	hares	Class	or statement that shares are without Series par value		
	100	Common	No par value		
Dated	February	19 90	KENNETH M. SEGAL, D.P.M., LTD.		
		,	(Name of Corporation) By Xennett holy		
(R	Report must be signed	by an officer)	Kenneth M. Segal Title President		

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE. RHODE ISLAND 02903

Corporate ID991		Annual R	eport for the year.	
First: The name of	of the corporation is	<u>kenneth</u> 0	Segal, D.P.I	M., <u>it</u> d
SECOND: It is inco	rporated under the laws of	State of F	Rhode Island	· · · · · · · · · · · · · · · · · · ·
THIRD: Character	of business, briefly stated,	is to engage in	the practic	ce of podiatric
medicine,	surgery and spor	ts medicine		
FOURTH: If foreign	corporation, address of it	s principal office		
FIFTH: Business ad	dress in Rhode Island		. Providence	,
SIXTH: Names and	addresses of its directors a		dress (including number, sa	(Attach rider if necessary)
Kenneth M. Seg	al Director	63 Cambria C	Court, Pawtuc	cket, R.I.
	Director			
	Director		{*}}**********************************	
Kenneth M. Seg	alPresiden	t see above	<u>.</u>	
	Vice Pre	sident		
	a.iSecretary			
	a.lTreasure			
	of Shares authorized:		******************************	Par Value
				or statement that shares are without
No. of Shares	Class	Series		par value
1000	common		no	par value
Eighth: Number of		Rec'd & Filed	FEB 13 1989	Par Value or statement that shares are without
No of Shares 100	Class Common	Senes	no	par value par value
				•
Dated February	19 89	(Name of Corporation)	SEGAL D.P.M.	., Ltd.
		By Kenth 21	Kerneth M.	Sega)
(Report must be	signed by an officer)	Title	President	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0010069		Annual R	eport for the year.	1389
First:	The name of the	corporation is	<u>Repneth M.</u>	Segal D P (1 . i.td.
Second	It is incorporate		State of F		······································
THIRD:	Character of bus	iness, briefly stated, i	s to engage in	the practio	e of podiatric
me	edicine, sur	gery and sport	ts medicine		.,,
Fourth	: If foreign corpo	oration, address of its	principal office		
Г ІРТН:	Business address i		677 Hope Street		
Ѕіхтн:	Names and addre	esses of its directors a		dress (including number, str	(Attach rider if necessary)
Kennet	h M. Segal	Director	63 Cambria C	Court, Pawtuc	ket, R.I.
		Director		A1 11	
		Director			
		President			
					**
<u>Kennet</u>	n M, Segal	Secretary	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Konneti	h M. Segal	Treasurer		***************************************	
Seventi	i: Number of Sh	ares authorized:			Par Value or statement that
No of Sh	ares	Class	Senes		shares are without par value
1000		common		no	par value
	Number of Shar		Rec'd & Filed	FEB 13 1989	Par Value or statement that shares are without
No of Sh	ares	Class	Series		par value
100		common		no	par value
Dated Feb	ruary	19 89	KENNETH M. S	SEGAL, D.P.M.	., Ltd.
			By Kenth I		50000Ym
(R	eport must be signed l	oy an officer)	Title	Kenneth M. S President	oega i
Form 31 1/85		· · · · · · · · · · · · · · · · · · ·			

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL. PROVIDENCE. RHODE ISLAND 02903

Corporate ID 1006	9	Annual Report for th	e year 1988
First: The name	of the corporation isKenn	eth M. Segal, D.P.M.,	Ltd.
SECOND: It is inco	orporated under the laws of	Sag	io Island
	of business, briefly stated, is surgery and sports	to engage in the pra	actice of podiatric
FOURTH: If foreig	n corporation, address of its	principal office	······································
FIFTH: Business a	ddress in Rhode Island	677 Hope St., Provid	lence, R.I. 02906
SIXTH: Names and	d addresses of its directors an		(Attach rider if necessary)
Kenneth M. Sec	Director	63 Cambia Court. Pa	wtucket, R.I.
	Director		
	Director		<u>-</u>
Kenneth M. Sec	President	see above	
		dent	
Kenneth M. Sec	Secretary	see above	
Kenneth M. Sec	alTreasurer	seeabove	
SEVENTH: Number	er of Shares authorized:		Par Value or statement that shares are without
No. of Shares 1000	Class	Series	par value
1000	common		no par value
Eighth: Number	of Shares issued:	PAID	Par Value
No. of Shares	Class	3.2 1988	states are without ar value
100	common	ROOM, OF BLANK	no par hue
Dated February	1988	KENNETH M. SEGAL, (Name of Corporation)	D.P.M., Ltd.
		By Kenneth M. Seg	ral
(Report must be	e signed by an officer)	Title President	

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL. PROVIDENCE. RHODE ISLAND 02903

Corporate ID	10084	Annual Report for the year		
First: T	The name of the corporation is	Nenneth M. Segal, U.P.M., Ltd.	•••	
SECOND:	It is incorporated under the laws of	Shode leland	•••	
THIRD:	Character of business, briefly stated, is	s to engage in the practice of podiatric	Ξ.	
medi	cine, surgery and sports	medicine		
FOURTH:	If foreign corporation, address of its	principal office		
Fігтн: В		77 Hope St., Providence, R.I. 02906	***	
Sixth: N	Names and addresses of its directors at Name Office	nd officers: (Attach rider if necessar Address (including number, street, zip code)	 y)	
Kenneth	M. Segal Director	63 Cambia Court, Pawtucket, R.I.		
*******	Director			
·····	Director	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Kenneth	M. Segal President	see ahoue		
		dent see above		
	n M. Segal Secretary		•••	
Kenneth	n M. Segal Treasurer	see above		
SEVENTH:	Number of Shares authorized:	Par Value or statement that		
No. of Share	s Class	Series Salement that shares are without par value		
1000	common	no par value		
		PAID (A)		
Еіднтн:	Number of Shares issued:	FEB 2 2 1988 Par		
No. of Share	s Class	Series Series Series Series Series Of Series O		
100	common	no par value	,	
DatedFebru	19 <u>88</u>	KENNETH M. SEGAL, D.P.M., Ltd. (Name of Corporation) By January 1997	T.F. F	
		Kenneth M. Segal	-•	
(Repo	ort must be signed by an officer)	Title President	••	

, · · · · · · · ·

To be filed annually between January 1st and March 1st

State of Rhode Island and Frovidence Plantations CORPORATIONS DIVISION 270 WESTMINSTER MALL PROVIDENCE. RHODE ISLAND 02903

Corporate ID 10069	***************************************	Annual Report for	the year 1986
FIRST: The name of the corporation	isKen	neth M. Segal, D.P.M.,	Ltd.
SECOND: It is incorporated under th	e laws of	Rhode Island	
THIRD: Character of business, briefly medicine, surgery and sp			ractice of podiatric
FOURTH: If foreign corporation, add	lress of its p	rincipal office	
FIFTH: Business address in Rhode Is	land	677 Hope Street, Pr	covidence, R.I. 02906
SIXTH: Names and addresses of its d	lirectors and		(Attach rider if necessary)
	Director	63 Cambria Court,	Pawtucket, R.I.
	Director Director		
Wanning the same of the same o	President	see above	
	Vice Preside	ent	
Kenneth M. Segal	Secretary	see above	
Kenneth M. Segal	Treasurer	see above	
SEVENTH: Number of Shares authori	ized:		Par Value or statement that
No of Shares Class		Series	shares are without par value
1000 common		ायय २००	no par value
EIGHTH: Number of Shares issued: No. of Shares Class 100 Common	APR 26	APR 14 1980	Par Value or statement that
No. of Shares Class		SECTY, SOME STATE	shares are without par value
100 common	1/x	,	no par value
Dated February 2 ? 19 8	86.	KENNFTH M. SEGAI	., D#.P.M., Ltd.
(Report must be signed by an officer)	'n	ritte Fresident	

State of Chode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

10069

Annual Report for the year 1985 FIRST: The name of the corporation is KENNETH M. SEGAL, D.P.M., LTD. Rhode Island SECOND: It is incorporated under the laws of to engage in the practice THIRD: Character of business, briefly stated, is of podiatric medicine, surgery and sports medicine FOURTH: If foreign corporation, address of its principal office FIFTH: Business address in Rhode Island (blank reports will be mailed to this 677 Hope Street, Providence, RI address) Sixth: Names and addresses of its directors and officers: (Addresses must include street and number, if any) Name Office Address Director Director Kenneth M. Segal 63 Cambia Court, Pawtucket, RI Director Kenneth M. Segal 63 Cambia Court, Pawtucket, RI President Vice President Kenneth M. Segal 63 Cambia Court, Pawtucket, RI Secretary Kenneth M. Segal 63 Cambia Court, Pawtucket, RI Treasurer (if additional space is needed, attach rider) Par Value or statement that shares are without par value SEVENTH: Number of Shares authorized: No. of Shares Series 1000 N/A no par value Common Par Value EIGHTH: Number of Shares issued: or statement that shares are without No. of Shares Class Series 100 Common N/A no par value 85 0**5**/05/85 February 1 KENNETH M. SEGAL, D.P.M., LTD. Dated: (Name of Corporation) By Kimelten Sepola (Su) Title President (Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information. 277-3040

Filing fee: \$15.00

To be filed annually between January 1st and March 1st

State of Rhode Island and Providence Plantations Office of the secretary of state

Annual Report for the year 1984

FIRST: The name of the corporation is

KENNETH M. SEGAL, D.P.M., LTD.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the practice

of podiatric medicine, surgery and sports medicine

FOURTH: If foreign corporation, address of its principal office

N/A

FIFTH: Business address in Rhode Island

677 Hope Street, Providence, RI 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name

Office

Address

Director

Director

Kenneth M. Segal

Director

63 Cambia Court, Pawtucket, RI

Kenneth M. Segal

President

63 Cambia Court, Pawtucket, RI

Vice President

Kenneth M. Segal

Secretary

63 Cambia Court, Pawtucket, RI

Kennoth M. Segal Treasurer

(If additional space is needed, attach rider)

63 Cambia Court, Pawtucket, RI

SEVENTH: Number of Shares authorized:

No. of Shares

Class

ន

Par Value or statement that shares are without par value

1000

Common

N/A

no par value

Eighth: Number of Shares issued:

No. of Shares

Class

Series

Par Value or statement that shares are without par value

100

Common

N/A

·no par value

Dated.

may 1

19 84

84 KENNETH M. SEGAL, D.P.M., LTD.

(Name of Corporation)

Byo Henth Integal

Title

💃 President

IP

Report must be signed by an officer)

If the corporation has changed its registered office and/or its registered agent, Form #9 must be filed. Please contact Corporation Division for information, 277-3040

State of Rhode Island and Providence Plantations OFFICE OF THE SECRETARY OF STATE

			Annual Repor	rt for the yea	ar 1983
First:	The name of t	he corporation	is Kenneth	M. Segal	, D.P.M., Ltd.
Second:	It is incorpo	rated under th	e laws of El	node Isla:	nd
THIRD:	Character of h	ousiness, briefly	stated, is 50	o engage	in the practice
bog ?o	latric medic	ine.			
Fourth:	If foreign	corporation, ad	dress of its p	orincipal off	ice
Winner		was in Phode I		mananta wil	l he mailed to this
					l be mailed to this
address) 67		et, Provider			2906
Sixth:		ddresses of its			
	(Addresses m	ust include street ar	nd number, if any)	
1	Name	Office		Addr	ess
Kenneth M.	Segal, D.P.	$^{\mathbb{M}} \cdot \operatorname{Director}$	1 Lewis	s Street,	Providence, BI
		Director			•
÷		Director			
Kennoth M.	Segal, D.P.	M. President	1 Lewis	s Street,	Providence, RI
		Vice Preside	ent		
	Segal, D.P.	M · Secretary	¹ Lewis	s Street,	Providence, RI
	Segal, D.P.		1 Lewis	s Street,	Providence, RI
SEVENTE	i: Number of	f Shares author	rized :		Par Value or statement that
No. of She	ares	Class	Series	;	shares are without par value
1000		Common		wi	thout par value
Еіснтн	: Number of	Shares issued:		EB 130	Par Value or statement that shares are without
No. of She	Bres	Class	Serie	\$	par valus
100		Common 2		wi	thout par value
Dated: Fo	bruary 8	19 83 7699A	(Name of Corp By Len		polke he
		14		must be signe	ed by an officer)