



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, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 10069		2. Name of Corporation Kenneth M. Segal, D.P.M., Ltd.			
3. Street Address Principal Business Office 677 Hope Street		City Providence	State RI	Zip 02906	
4. Business Phone No. (401) 421-7466		5. State of Incorporation Rhode Island			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth M. Segal		Vice President Name Ellen Segal			
Street Address 677 Hope Street		Street Address 677 Hope Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Kenneth M. Segal		Treasurer Name Kenneth M. Segal			
Street Address 677 Hope Street		Street Address 677 Hope Street			
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth M. Segal		Director Name			
Street Address 677 Hope Street		Street Address			
City 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 FOR ATTACHMENT) <input type="checkbox"/> (11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 par value

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

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

Date

3/15/05

File Date

Check No.

FILED

MAR 18 2005

By

FOR SECRETARY OF STATE USE ONLY

By

Form 630 12/01



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, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 10069		2. Name of Corporation Kenneth M. Segal, D.P.M., Ltd.			
3. Street Address Principal Business Office 677 Hope Street		City Providence		State RI	Zip 02906
4. Business Phone No. (401) 421-7466		5. State of Incorporation Rhode Island			6. SIC Code 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Kenneth M. Segal			Vice President Name Ellen Segal		
Street Address 677 Hope Street			Street Address 677 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
Secretary Name Kenneth M. Segal			Treasurer Name Kenneth M. Segal		
Street Address 677 Hope Street			Street Address 677 Hope Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
9. NAMES AND ADDRESSES OF THE DIRECTORS (X BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Kenneth M. Segal			Director Name		
Street Address 677 Hope Street			Street Address		
City 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 FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED (X BOX FOR ATTACHMENT) <input type="checkbox"/>					
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 par value

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	1-22-04
Check No.	11014
By:	
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.

Signature of Officer
Kenneth M. Segal
Print or Type Name of Officer
President
Date
1/19/04
Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)



1. Corporate ID No.

10069

2. Name of Corporation

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

3. Street Address Principal Business Office

677 Hope Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

(401) 421-7466

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Kenneth M. Segal

Vice President Name

Ellen Segal

Street Address

677 Hope Street

Street Address

677 Hope Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Kenneth M. Segal

Treasurer Name

Kenneth M. Segal

Street Address

677 Hope Street

Street Address

677 Hope Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Kenneth M. Segal

Director Name

Street Address

677 Hope Street

Street Address

City

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 FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



* 1 0 0 6 9 *

File Date: 2-18-03

Check No.: 10434

By: IP

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.

Signature of Officer

Kenneth M. Segal

Print or Type Name of Officer

President

Title of Officer

Date



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

10069

2. Name of Corporation

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

3. Street Address Principal Business Office

677 Hope Street

City

Providence

State

RI

Zip

02906

4. Business Phone No

(401) 421-7466

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Kenneth M. Segal

Vice President Name

Ellen Segal

Street Address

677 Hope Street

Street Address

677 Hope Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Kenneth M. Segal

Treasurer Name

Kenneth M. Segal

Street Address

677 Hope Street

Street Address

677 Hope Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Kenneth M. Segal

Director Name

Street Address

677 Hope Street

Street Address

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Director Name

Street Address

City

State

Zip

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100 shs

Common

No Par Value

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: 1-17-02

Check No: 9779

By: [Signature]

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.

Signature of Officer

Kenneth M. Segal

Print or Type Name of Officer

President

Title of Officer

Date

1/18/02



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

Corporations Division
100 North Main Street, Providence, RI 02903-1335
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No **10069** 2. Name of Corporation **Kenneth M. Segal, D.P.M., Ltd.**
3. Street Address Principal Business Office **677 Hope Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No **(401) 421-7466** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kenneth M. Segal Street Address 677 Hope Street City Providence State RI Zip 02906 Secretary Name Kenneth M. Segal Street Address 677 Hope Street City Providence State RI Zip 02906	Vice President Name Ellen Segal Street Address 677 Hope Street City Providence State RI Zip 02906 Treasurer Name Kenneth M. Segal Street Address 677 Hope Street City Providence State RI Zip 02906
--	--

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Kenneth M. Segal Street Address 677 Hope Street City Providence State RI Zip 02906	Director Name Street Address City State Zip
Director Name Street Address City State Zip	Director Name Street Address City State Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1000 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series Par Value
100shs Common No Par Value

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 **FILED**

Check No. **APR 05 2001**

By **By 009334**

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.

Signature of Officer **Kenneth M. Segal** Date **3/28/01**

Print or Type Name of Officer
President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street, Providence, RI 02903-1333
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 ID No. **10069** 2. Name of Corporation **Kenneth M. Segal, D.P.M., Ltd.**
3. Street Address Principal Business Office **677 Hope Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **(401) 421-7466** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Kenneth M. Segal	Vice President Name Ellen Segal
Street Address 677 Hope Street	Street Address 677 Hope Street
City Providence	City Providence
State RI	State RI
Zip 02906	Zip 02906
Secretary Name Kenneth M. Segal	Treasurer Name Kenneth M. Segal
Street Address 677 Hope Street	Street Address 677 Hope Street
City Providence	City Providence
State RI	State RI
Zip 02906	Zip 02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Kenneth M. Segal	Director Name
Street Address 677 Hope Street	Street Address
City Providence	City
State RI	State
Zip 02906	Zip
Director Name	Director Name
Street Address	Street Address
City	City
State	State
Zip	Zip

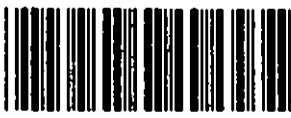
10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES		
Number of Shares	Class/Series	Par Value
1000 SHS NO PAR VAL		

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES		
Number of Shares	Class/Series	Par Value
100	Common	None

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: **1/27/00**

Check No.: **8784**

By: **EC**

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.

Signature of Officer

Kenneth M. Segal

Print or Type Name of Officer

President

Title of Officer

Date

1/25/00



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 1999
Filing Period: January 1-March 1 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **10069** 2. Name of Corporation **Kenneth M. Segal, D.P.M., Ltd.**

3. Street Address Principal Business Office
677 Hope Street

City **Providence**

State **RI**

Zip **02906**

4. Business Phone No.
(401) 421-7466

5. State of Incorporation
Rhode Island

6. SIC Code
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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name
Kenneth M. Segal

Vice President Name
Ellen Segal

Street Address
677 Hope Street

Street Address
677 Hope Street

City **Providence** State **RI** Zip **02906**

City **Providence** State **RI** Zip **02906**

Secretary Name
Kenneth M. Segal

Treasurer Name
Kenneth M. Segal

Street Address
677 Hope Street

Street Address
677 Hope Street

City **Providence** State **RI** Zip **02906**

City **Providence** State **RI** Zip **02906**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name
Kenneth M. Segal

Director Name

Street Address
677 Hope Street

Street Address

City **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 FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares Class/Series Par Value

1000 SHS NO PAR VAL

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares Class/Series Par Value

100

common

none

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: **1-14-99**

Check No. **8339**

By: **AMF** **10**

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.

Signature of Officer **Kenneth M. Segal** Date **1/12/99**

Print or Type Name of Officer

President

Title of Officer



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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)

1. Corporate ID No. 2. Name of Corporation

10069

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

3. Street Address Principal Business Office

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 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

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 ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Director Name

Kenneth M. Segal

Street Address

Street Address

677 Hope Street

City

State

Zip

City

State

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)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1000 SHS NO PAR VAL

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

100

common

none

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:

UP

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.

Signature of Officer

Kenneth M. Segal

Print or Type Name of Officer

President

Title of Officer

Date

1/6/98



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

James 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. **10069** 2. Name of Corporation **KENNETH M. SEGAL, D.P.M., Ltd.**

3. Street Address Principal Business Office

677 Hope Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

(401) 421-7466

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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

Kenneth M. Segal

Vice President Name

Ellen Segal

Street Address

677 Hope Street

Street Address

677 Hope Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

Secretary Name

Kenneth M. Segal

Treasurer Name

Kenneth M. Segal

Street Address

677 Hope Street

Street Address

677 Hope Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

Kenneth M. Segal

Director Name

Street Address

677 Hope Street

Street Address

City

Providence

State

RI

Zip

02903

City

State

Zip

Director Name

Director Name

Street Address

Street Address

City

City

State

State

Zip

Zip

10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

1000 shs

Class/Series

No Par Value

Par Value

ISSUED SHARES

Number of Shares

100

Class/Series

COMMON

Par Value

none

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

File Date: 6/17/97

Check No.: 7618

By: KMS

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.

Signature of Officer Kenneth M. Segal Date 6/11/97

Print or Type Name of Officer Kenneth M. Segal

Title of Officer President

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

PLEASE TYPE OR PRINT IN BLACK INK.

1. CORPORATE ID NO. 10069		2. NAME OF CORPORATION Kenneth M. Segal, D.P.M., Ltd.	
3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 677 Hope Street		CITY Providence	STATE RI
4. BUSINESS PHONE NO. (401) 421-7466		5. STATE OF INCORPORATION RHODE ISLAND	
6. SEC CODE 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			
PRESIDENT NAME Kenneth M. Segal		VICE PRESIDENT NAME Kenneth M. Segal	
STREET ADDRESS 677 Hope Street		STREET ADDRESS 677 Hope Street	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	
SECRETARY NAME Kenneth M. Segal		TREASURER NAME Kenneth M. Segal	
STREET ADDRESS 677 Hope Street		STREET ADDRESS 677 Hope Street	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	
9. NAMES AND ADDRESSES OF THE DIRECTORS			
DIRECTOR NAME Kenneth M. Segal		DIRECTOR NAME Kenneth M. Segal	
STREET ADDRESS 677 Hope Street		STREET ADDRESS 677 Hope Street	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	
DIRECTOR NAME Kenneth M. Segal		DIRECTOR NAME Kenneth M. Segal	
STREET ADDRESS 677 Hope Street		STREET ADDRESS 677 Hope Street	
CITY Providence	STATE RI	CITY Providence	STATE RI
ZIP CODE 02906		ZIP CODE 02906	
10. SHARES AUTHORIZED AND ISSUED			
AUTHORIZED SHARES			ISSUED SHARES
NUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES
1000 SHS NO PAR VAL		1.00	100
			Common
			\$1.00
			None

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:

2-22-96

Check No:

7073

By:

[Signature]

For Secretary of State Use Only

Signature of Officer

Kenneth M. Segal
Print or Type Name of Officer

President
Title of Officer

2-8-96

Date

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

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

Corporate ID: 10069 Annual Report for the Year: 1995

Name of Corporation: KENNETH M. SEGAL, D.P.M., LTD.

Business entity organized under the laws of the State of: Rhode Island

Business Entity is (check one):
☐ Business Corporation (See RIGL Chapter 7-1.1)

For foreign entity, address and telephone number of principal office:

☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

Phone: ()

Brief statement of the character of business conducted in Rhode Island:

Engage in practice of podiatric medicine, surgery and sports medicine

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):

677 Hope Street
Providence, RI 02906

Phone: (401) 421-7466

THE NAMES OF THE OFFICERS ARE:

PRESIDENT Kenneth M. Segal	Street Address 677 Hope Street	City/State Providence, Rhode Island	Zip Code 02906
VICE PRESIDENT	Street Address	City/State	Zip Code
SECRETARY Kenneth M. Segal	Street Address 677 Hope Street	City/State Providence, Rhode Island	Zip Code 02906
TREASURER Kenneth M. Segal	Street Address 677 Hope Street	City/State Providence, Rhode Island	Zip Code 02906

THE NAMES OF THE DIRECTORS ARE:

NAME Kenneth M. Segal	Street Address 677 Hope Street	City/State Providence, Rhode Island	Zip Code 02906
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
(Rider may be attached)

NUMBER OF SHARES ISSUED AND OUTSTANDING
(Rider may be attached)

Number of Shares	Class/Series	Number of Shares	Class/Series
1000	Common	100	Common

Date January 26, 19 95

By: Kenneth M. Segal

Kenneth M. Segal
Print or Type Name of Officer Signing

President
Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

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

FILED

JAN 31 1995

By: [Signature]

6571

Filing Fee \$50.00
Payable to:
Secretary of State

PLEASE TYPE OR PRINT
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

File Annually
LLC: Sept. 1 - Nov. 1
CORP: Jan. 1 - March 1

Corporate ID: 10069 Annual Report for the Year: 1994
Name of Business Entity: KENNETH M. SEGAL, D.P.M., LTD.

Business entity organized under the laws of the State of: Rhode Island

Federal Taxpayer Identification Number:

For foreign entity, address and telephone number of principal office:

Phone:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
677 Hope Street
Providence, RI 02906

Phone: (401) 421-7466

Business Entity is (check one):
☐ Business Corporation (See RIGL Chapter 7-1.1)

☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

☐ Limited Liability Company (See RIGL 7-16)

Name, title and mailing address of contact person to whom communications may be directed:

Kenneth M. Segal, D.P.M.
677 Hope Street
Providence, RI 02906

Brief statement of the character of business conducted in Rhode Island:

Engage in practice of podiatric medicine, surgery, and sports medicine

Date of Organization: 11-8-82

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

☐ Custodian of Records or ☐ Secretary (Check One) Street Address City/State Zip Code

Kenneth M. Segal 677 Hope Street, Providence, RI 02906

☐ Chief Financial Officer or ☐ Treasurer (Check One) Street Address City/State Zip Code

Kenneth M. Segal 677 Hope Street, Providence, RI 02906

THE NAMES OF THE DIRECTORS ARE:

Kenneth M. Segal 677 Hope Street, Providence, RI 02906
Name Street Address City/State Zip Code

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

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No par value

NUMBER 100

CLASS Common

SERIES

PAR VALUE OR WITHOUT PAR No par value

Date February 15, 1994

By: Kenneth M. Segal

Kenneth M. Segal
Print or Type Name of Officer Signing

President
Title of Officer Signing

DESIGNATED REGISTERED OR RESIDENT AGENT FOR SERVICE OF PROCESS:

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 02903

FEB 22 1994
By: AMEA 29
6114

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

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: c/o Robert D. Fine, Esq., One Park Row, Providence, RI 02903

SIXTH: Names and address of its directors and officers:

<u>Name</u>	<u>Office</u>	<u>Address</u>
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

SEVENTH: Number of Shares authorized:

<u>No. of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or statement that shares are without par value</u>
1000	Common		No par value

EIGHTH: Number of Shares issued:

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

Dated: February 11, 1992

KENNETH M. SEGAL, D.P.M., LTD.
(Name of Corporation)

By: [Signature]

(Report must be signed
by an officer)

In: President

Rec'd & Filed

JAN 12 1993

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

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

SIXTH: Names and address of its directors and officers:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Kenneth M. Segal	Director	63 Cambria Court, Pawtucket, RI 02860
Kenneth M. Segal	President	See above
Kenneth M. Segal	Secretary	See above
Kenneth M. Segal	Treasurer	See above

SEVENTH: Number of Shares authorized:

<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or statement that shares are without par value</u>
1,000	Common		No par value

EIGHTH: Number of Shares issued:

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

Dated: 1-31 1992

KENNETH M. SEGAL, D.P.M., LTD.
(Name of Corporation)

By: 
Kenneth M. Segal

(Report must be signed by an officer)

Title: President

RECEIVED
FEB 10 1992

FEB 10 11 AM '92

Rec'd & Filed FEB 05 1992

5534 73534

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

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.

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:

<u>Name</u>	<u>Office</u>	<u>Address</u>
Kenneth M. Segal	Director	63 Cambria Court, Pawtucket, RI 02860
Kenneth M. Segal	President	See above
Kenneth M. Segal	Secretary	See above
Kenneth M. Segal	Treasurer	See above

SEVENTH: Number of Shares authorized:

<u>No of Shares</u>	<u>Class</u>	<u>Series</u>	<u>Par Value or statement that shares are without par value</u>
1,000	Common		No par value

EIGHTH: Number of Shares issued:

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

Dated: 1-25-1991

KENNETH M. SEGAL, D.P.M., LTD.
(Name of Corporation)

By: 
Kenneth M. Segal

(Report must be signed by an officer)

Title: President

Rec'd & Filed JAN 31 1991

JAN 31 1991

Filing Fee \$15.00

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 0010059

Annual Report for the year 1990

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

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Kenneth M. Segal	Director	63 Cambria Court, Pawtucket, RI 02860
	Director	
	Director	
Kenneth M. Segal	President	See above
	Vice President	
Kenneth M. Segal	Secretary	
Kenneth M. Segal	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class
1000	Common

Par Value
or statement that
shares are without
par value

Rec'd & Filed No par value
FEB 28 1990

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	Common

Par Value
or statement that
shares are without
par value

No par value

Dated February 19 90

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

(Name of Corporation)

By Kenneth M. Segal
Kenneth M. Segal
President

(Report must be signed by an officer)

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 1989

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

SECOND: It is incorporated under the laws of State 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, R.I. 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Kenneth M. Segal	Director	63 Cambria Court, Pawtucket, R.I.
	Director	
	Director	
Kenneth M. Segal	President	see above
	Vice President	
Kenneth M. Segal	Secretary	
Kenneth M. Segal	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		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		no par value

Rec'd & Filed FEB 13 1989

Dated February 19 89

KENNETH M. SEGAL, D.P.M., Ltd.
(Name of Corporation)By Kenneth M. Segal
Kenneth M. Segal
President

(Report must be signed by an officer)

Title

Filing Fee \$15.00

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

gn

Corporate ID 0010068 Annual Report for the year 1989

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

SECOND: It is incorporated under the laws of State 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, R.I. 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Kenneth M. Segal	Director	63 Cambria Court, Pawtucket, R.I.
	Director	
	Director	
Kenneth M. Segal	President	see above
	Vice President	
Kenneth M. Segal	Secretary	
Kenneth M. Segal	Treasurer	

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		no par value

EIGHTH: Number of Shares issued:

Rec'd & Filed FEB 13 1989

No. of Shares	Class	Series	Par Value or statement that shares are without par value
100	common		no par value

Dated February 19 89

KENNETH M. SEGAL, D.P.M., Ltd.
(Name of Corporation)

By *Kenneth M. Segal*
Kenneth M. Segal
Title President

(Report must be signed by an officer)

Form 31 1/85

ROBERT D FINE
ONE PARK ROW
PROVIDENCE RI 02903

Filing Fee \$15.00

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 10069 Annual Report for the year 1988

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 St., Providence, R.I. 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name

Office

Address (including number, street, zip code)

Kenneth M. Segal Director 63 Cambria Court, Pawtucket, R.I.

Director

Director

Kenneth M. Segal President see above

Vice President

Kenneth M. Segal Secretary see above

Kenneth M. Segal Treasurer see above

SEVENTH: Number of Shares authorized:

No. of Shares

Class

Series

Par Value
or statement that
shares are without
par value

1000

common

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

no par value

PAID

22 1988

RECEIVED

ENTERED MAY 16 1988

Dated February 1988

KENNETH M. SEGAL, D.P.M., Ltd.
(Name of Corporation)

By Kenneth M. Segal

(Report must be signed by an officer)

Title President

Filing Fee \$15.00

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 10069

Annual Report for the year 1988

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 St., Providence, R.I. 02906

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Kenneth M. Segal	Director	63 Cambia Court, Pawtucket, R.I.
	Director	
	Director	
Kenneth M. Segal	President	see above
	Vice President	
Kenneth M. Segal	Secretary	see above
Kenneth M. Segal	Treasurer	see above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series
1000	common	

EIGHTH: Number of Shares issued:

No. of Shares	Class
100	common

Par Value
or statement that
shares are without
par value

no par value

PAID

FEB 22 1988

SECRETARY OF STATE

Par Value
or statement that
shares are without
par value

no par value

Dated February 19 88

KENNETH M. SEGAL, D.P.M., Ltd.

(Name of Corporation)

By Kenneth M. Segal

(Report must be signed by an officer)

Title President

Filing Fee \$15.00

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 10069 Annual Report for the year 1986

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, R.I. 02906

SIXTH: Names and addresses of its directors and officers: (Attach rider if necessary)

Name	Office	Address (including number, street, zip code)
Kenneth M. Segal	Director	63 Cambria Court, Pawtucket, R.I.
	Director	
	Director	
Kenneth M. Segal	President	see above
	Vice President	
Kenneth M. Segal	Secretary	see above
Kenneth M. Segal	Treasurer	see above

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
1000	common		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		no par value

Dated February 28 19 86

KENNETH M. SEGAL, D.P.M., Ltd.
(Name of Corporation)

By Kenneth M. Segal
Kenneth M. Segal

Title President

(Report must be signed by an officer)

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

10069

Annual Report for the year 1985

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 (blank reports will be mailed to this
address) 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
Kenneth M. Segal	Treasurer	63 Cambia Court, Pawtucket, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	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: February 1

85

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

(Name of Corporation)

By *Kenneth M. Segal*

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
Kenneth M. Segal	Treasurer	63 Cambia Court, Pawtucket, RI

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	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	5 N/A	no par value

Dated: May 1 19 84

5-1-84 KENNETH M. SEGAL, D.P.M., LTD.
(Name of Corporation)

By: Kenneth M. Segal
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 1983

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.

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island (blank reports will be mailed to this address) 677 Hope Street, Providence, Rhode Island 02906

SIXTH: Names and addresses of its directors and officers:

(Addresses must include street and number, if any)

Name	Office	Address
<u>Kenneth M. Segal, D.P.M.</u>	<u>Director</u>	<u>1 Lewis Street, Providence, RI</u>
	<u>Director</u>	
	<u>Director</u>	
<u>Kenneth M. Segal, D.P.M.</u>	<u>President</u>	<u>1 Lewis Street, Providence, RI</u>
	<u>Vice President</u>	
<u>Kenneth M. Segal, D.P.M.</u>	<u>Secretary</u>	<u>1 Lewis Street, Providence, RI</u>
<u>Kenneth M. Segal, D.P.M.</u>	<u>Treasurer</u>	<u>1 Lewis Street, Providence, RI</u>

(If additional space is needed, attach rider)

SEVENTH: Number of Shares authorized:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>1000</u>	<u>Common</u>		<u>without par value</u>

EIGHTH: Number of Shares issued:

No. of Shares	Class	Series	Par Value or statement that shares are without par value
<u>100</u>	<u>Common</u>	<u>2</u>	<u>without par value</u>

Dated: February 8 19 83

Kenneth M. Segal, D.P.M., Ltd.
(Name of Corporation)

By Kenneth M. Segal
Title Its 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