



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

FILED

Annual Report for the year: 2021
Corporation

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

FEB 05 2021
 BY 2022
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1. Entity ID Number 148905		2. Exact name of the Corporation Andrew B. Silverman, D.P.M., Inc.			
3. Principal Office Address 333 SCHOOL STREET, UNIT 209			City Pawtucket	State RI	Zip 02860
4. NAICS Code 801321		6. Brief description of the character of business conducted in Rhode Island TO OWN AND OPERATE A PODIATRY PRACTICE			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Andrew B. Silverman			Vice-President Name Andrew B. Silverman		
Street Address 2 Pine Grove Circle			Street Address 2 Pine Grove Circle		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
Secretary Name Andrew B. Silverman			Treasurer Name Andrew B. Silverman		
Street Address 2 Pine Grove Circle			Street Address 2 Pine Grove Circle		
City Greenville	State RI	Zip 02828	City Greenville	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	
		100		Common	
				No Par	
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
Name of Authorized Representative Andrew B. Silverman					Date 01 Feb 2021
Signature of Authorized Representative <i>Andrew B. Silverman</i>					

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov