



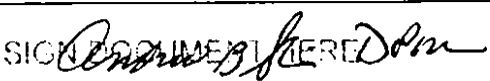
State of Rhode Island and Providence Plantations
Department of State - Business Services Division

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 2252
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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 8021321		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		PAR VALUE	
				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 									

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