



State of Rhode Island

Department of State - Business Services Division

FILED
Annual Report for the year: 2021
Corporation

MAR 09 2021

BY

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

1. Entity ID Number 522127		2. Exact name of the Corporation Foundry Sports Medicine & Fitness, Inc.	
3. Principal Office Address 285 Promenade Street		City Providence	State RI
		Zip 02908	
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island To provide medical services.		
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 Anthony DeLuise, M.D.		Vice-President Name Keith O. Monchik, M.D.	
Street Address 285 Promenade Street		Street Address 285 Promenade Street	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Secretary Name Matthew J. Plante, M.D.		Treasurer Name Matthew J. Plante, M.D.	
Street Address 285 Promenade Street		Street Address 285 Promenade Street	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Anthony DeLuise, M.D.		Director Name Matthew J. Plante, M.D.	
Street Address 285 Promenade Street		Street Address 285 Promenade Street	
City Providence	State RI	City Providence	State RI
Zip 02908		Zip 02908	
Director Name Keith O. Monchik, M.D.		Director Name	
Street Address 285 Promenade Street		Street Address	
City Providence	State RI	City	State
Zip 02908		Zip	
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		300	Common
			\$0.01
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 Anthony DeLuise, M.D.		Date 3/25/21	
Signature of Authorized Representative 			

MAIL TO:

Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
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 Website: www.sos.ri.gov