



**State of Rhode Island
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2021

1. Corporate ID No. 000083848

2. Name of Corporation Rhode Island Podiatric Medical Association

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code



813920

4. Principal Office Address

No. and Street: 405 PROMENADE STREET

SUITE A

City or Town: PROVIDENCE

State: RI

Zip: 02908

Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROMOTING THE ART AND SCIENCE OF PODIATRIC MEDICINE AND SURGERY
AMONG AND ON BEHALF OF DOCTORS OF PODIATRIC MEDICINE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island

Corporation shall not be less than 3.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JASON MALLETTE DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
TREASURER	JORDAN DEHAVEN DPM	1180 HOPE STREET BRISTOL, RI 02809 USA
SECRETARY	DOMINIC RODA DPM	41 SANDERSON ROAD SMITHFIELD, RI 02917 USA
EXECUTIVE DIRECTOR	MARC BIALEK	405 PROMENADE ST PROVIDENCE, RI 02908 USA
APMA DELEGAGE/IMMEDIATE PAST PRESIDENT	MICHAEL REUTER DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
VICE PRESIDENT	JONATHAN SABOURIN DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
ALTERNATE DELEGATE.APMA PAC CHAIR	BRIAN CORNELL DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	SARA CATHCART DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	DAVID RUGGIERO DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	TAMMY VANDINE DPM	1087 WARWICK AVENUE WARWICK, RI 02888 USA
DIRECTOR	JAMES APPLETON DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	MICHAEL BATTEY DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	BRAD CIANO DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	JOE DOMENICO DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	NATHALIA DOOBAY DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	ARUN KARWAL DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	DAVID RUGGIERO DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	JOHN SIMOES DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

MARC BIALEK 405 PROMENADE STREET, SUITE A PROVIDENCE , RI 02908

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 30 Day of June, 2021 at 10:15:46 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are

true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By MARC BIALEK
Signature of Authorized Person

Form No. 631
Revised 09/07

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