RI SOS Filing Number: 202326296000 Date: 1/20/2023 4:00:00 PM

State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023

Corporation

→ Filing period: February 1 - May 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by May 31.

FILED
JAN 20 2023
BY 12068

1. Entity ID Number	2. Exact name of the Corporation			
80875	Associates in Podiatry			
3. Principal Office Address		City	State	Zip
1050 Main Street		East Greenwich	RI	02818
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621391	The practice of Podiatry			
5. State of Incorporation				
Rhode Island				

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Thomas E. Mancini			Vice-President Name: Thomas E. Mancini		
Street Address: 1050 Main Street			Street Address: 1050 Main Street		
City: East Greenwiich	State: RI	Zip: 02818	City: East Greenwich	State: RI	Zip: 02818
Secretary Name: Thomas E. Mancini			Treasurer Name: Thomas E. Mancini		
Street Address: 1050 Main Street			Street Address: 1050 Maine Street		
City: East Greenwich	State: RI	Zip: 02818	City: East Greenwiich	State: RI	Zip: 02818

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name: NONE			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 ☐		
This information is currently of record in the Department of State.	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
Changes require an additional filing.	200	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	Date
THOMAS E. MANCINI	1/10/23

Signature of Authorized Representative: Thos G. Mancini

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

FORM 630 - Revised: 11/2021