



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

APR 11 2023

12432 *2*

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

1. Entity ID Number 000054998		2. Exact name of the Corporation Podiatry Specialists of Rhode Island, Inc.			
3. Principal Office Address 1524 Atwood Avenue, Suite 437			City Johnston	State RI	Zip 02919
4. NAICS Code 621391		6. Brief description of the character of business conducted in Rhode Island Practice of podiatry medicine			
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 John Miele, D.P.M.			Vice-President Name John Miele, D.P.M.		
Street Address 1524 Atwood Avenue, Suite 437			Street Address 1524 Atwood Avenue, Suite 437		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
Secretary Name John Miele, D.P.M.			Treasurer Name John Miele, D.P.M.		
Street Address 1524 Atwood Avenue, Suite 437			Street Address 1524 Atwood Avenue, Suite 437		
City Johnston	State RI	Zip 02919	City Johnston	State RI	Zip 02919
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name John Miele, D.P.M.			Director Name		
Street Address 1524 Atwood Avenue, Suite 437			Street Address		
City Johnston	State RI	Zip 02919	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued		
This information is currently of record in the Department of State. Changes require an additional filing.			Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 1,000	CLASS/SERIES CNP	PAR VALUE \$0.0000
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 John Miele, D.P.M.				Date 3/26/23	
Signature of Authorized Representative <i>John Miele DPM</i>					

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