RI SOS Filing Number: 202443921610 Date: 1/9/2024 4:00:00 PM

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State of Rhode Island Department of State - Business Services D				Division FILED -			
·	DIAIRIOII						
Annual Report for the year: Corporation				•	JAN 08 2024		
Filing period: February 1	- May 1			~ y .			
→ Filing Fee \$50.00 → Penalty: Additional \$25.00	fee if form is no	ot filed by May 31					
1. Entity ID Number	2 Event nam	a of the Corneration	1				
80875	Associa	tes in Podiat	MIN	C			
3. Principal Office Address 1050 Main Street			City		State	Zip	
				Greenwich	RI	02818	
4. NAICS Code 621391	Brief description of the character of business conducted in Rhode Island The practice of Podiatry						
5. State of Incorporation	- The pract	ice of Foundity					
Rhode Island	1						
7 List ALL officers (names and ad				Check the	box to indicate an	attachment [7]	
President Name Thomas E Mancini				Vice-President Name Thomas E Mancini			
Street Address 1050 Main Street				Street Address 1050 Main Street			
	·			<u> </u>			
^{City} East Greenwich	State RI	^{Z_{iP}} 02818	City Eas	st Greenwich	State RI	^{Ζιρ} 02818	
Secretary Name Thomas E Mancini			Treasurer Name Thomas E Mancini				
Street Address 1050 Main Street				Sireel Address 1050 Main Street			
City East Greenwich	Siate RI	^{Z₁p} 02818	City East Greenwich		State RI	⁷ 02818	
8. List ALL directors (names and a	_				box to indicate an		
Director Name NONE				lame			
Street Address			Street Add	Street Address			
City	State	17.0	ļ.,		I Grada		
	State	Zip	City		State	. Zip	
Director Name			Director N	lame	•		
Stree: Address			Street Acc	Street Address			
City Sinte Zip		12:0	City State Zip				
	3.816		City		State		
9. Shares Authorized This information is currently of reco	ord in the	10. Shares Issu		Check the		indicate an attachment	
Department of State. Changes require an additional filling.		200		COMMON	NO F		
				 	 +		
11. This report must be executed of	no behalf of the	corporation by an a	ulborand to	oroganishus, li the co	paration is in the h	ando al n ca	
ceiver or trustee, this report must l	be executed on	behalf of the corpor	ation by the	receiver or trustee.			
Inder penalty of perjury, I decla statements, and that all stateme				rt, including any acc	ompanying sched	lules and	
Name of Authorized Representative					Date /	<i>\$</i> \(\sigma^2 \)	
THOMAS E. MANCINI					12/0	0/0	
Signature of Authorized Represen	lative	CAC	اء د			FILED	
	170	~~//	0 P		<u> </u>	JAN ág 2	
MAIL TO: Division of Business Services	1				i *		
48 W. River Street, Providence, Rhod Phone: (401) 222-3040	le Island 02904-26	315				BY <u>///</u>	
Nebsite: www.sos.n gov					- FORM 630-	- Rovised: 04/202	