



State of Rhode Island  
Department of State - Business Services Division

Annual Report for the year: 2024

Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FEB 01 2024  
33123 *2*

1. Entity ID Number 113226		2. Exact name of the Corporation Foot & Ankle Institute of New England, Inc.			
3. Principal Office Address 400 Bald Hill Road, Suite 503		City Warwick		State RI	Zip 02886
4. NAICS Code 622110		6. Brief description of the character of business conducted in Rhode Island Podiatry			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name Robert E. Gallucci, DPM			Vice-President Name Stephen J. Rogers, DPM		
Street Address 400 Bald Hill Road, Suite 503			Street Address 400 Bald Hill Road, Suite 503		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Secretary Name Stephen J. Rogers, DPM			Treasurer Name Robert E. Gallucci, DPM		
Street Address 400 Bald Hill Road, Suite 503			Street Address 400 Bald Hill Road, Suite 503		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name Robert E. Gallucci, DPM			Director Name Stephen J. Rogers, DPM		
Street Address 400 Bald Hill Road, Suite 503			Street Address 400 Bald Hill Road, Suite 503		
City Warwick	State RI	Zip 02886	City Warwick	State RI	Zip 02886
Director Name None			Director Name None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
Changes require an additional filing.			NUMBER OF SHARES		CLASS/STES
			150		common
					PAR VALUE
					no par value
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 Robert E. Gallucci, DPM					Date 1/10/24
Signature of Authorized Representative 					

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 04/2023