



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.

FILED
FILED
MAR 20 2024
BY 2348

1. Entity ID Number 148905		2. Exact name of the Corporation Andrew B. Silverman, D.P.M., Inc.	
3. Principal Office Address 333 School Street, Unit 209		City Pawtucket	State RI
		Zip 02860	
4. NAICS Code 621391	6. Brief description of the character of business conducted in Rhode Island To own and operate a podiatry practice.		
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 Andrew B. Silverman		Vice-President Name Andrew B. Silverman	
Street Address 2 Pine Grove Circle		Street Address 2 Pine Grove Circle	
City Greenville	State RI	Zip 02828	City Greenville
			State RI
			Zip 02828
Secretary Name Andrew B. Silverman		Treasurer Name Andrew B. Silverman	
Street Address 2 Pine Grove Circle		Street Address 2 Pine Grove Circle	
City Greenville	State RI	Zip 02828	City Greenville
			State RI
			Zip 02828
8 List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name		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			
This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		PAR VALUE	
		100	Common
			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 Andrew B. Silverman			Date 11 Mar 2024
Signature of Authorized Representative <i>Andrew B. Silverman DPM</i>			

MAIL TO:
Division of Business Services
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Website: www.sos.ri.gov