



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.

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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 | | 10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/> | | | |
| This information is currently of record in the Department of State. Changes require an additional filing. | | 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:
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