



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.

REC'D RHODES BSD
24 APR 16 AM 9:00:48

1. Entity ID Number 000160915		2. Exact name of the Corporation New England Foot & Ankle Associates, P.C.			
3. Principal Office Address 356 East Avenue		City Pawtucket	State RI	Zip 02860	
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island To provide medical services.			
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 M. Simoes, D.P.M			Vice-President Name NONE		
Street Address 356 East Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Secretary Name John M. Simoes, D.P.M			Treasurer Name John M. Simoes, D.P.M		
Street Address 356 East Avenue			Street Address 356 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name John M. Simoes, D.P.M			Director Name NONE		
Street Address 356 East Avenue			Street Address		
City Pawtucket	State RI	Zip 02860	City	State	Zip
Director Name NONE			Director Name NONE		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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	.01	
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 M. Simoes, D.P.M					Date 4/10/24
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

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