



**State of Rhode Island  
Office of the Secretary of State**

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Certificate Request Form**

**Request Information**

| ID        | ENTITY NAME                                   | CERTIFICATE TYPE                         |
|-----------|---|--|
| 000113226 | Foot and Ankle Institute of New England, Inc. | Certificate of Good Standing - Long Form |

**Filer's Contact Information**

*(Enter a contact name, mailing address and email.)*

Contact Name: Robert Gallucci, DPM

Business Name: Foot and Ankle Institute of New England

No. and Street: 400 Bald Hill Road  
Suite 503

City or Town: Warwick

State: RI Zip: 02886 Country: USA

Contact Phone: 4017387750 ext:

Contact Email: Insurance@newenglandfoot.com