



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025

Corporation

- Filing period: February 1 - May 1
 → Filing Fee: \$50.00
 → Penalty: Additional \$25.00 fee if form is not filed by May 31.

FIELD

FEB 14 2025 STAMP
 BY 4573

1. Entity ID Number 000122227		2. Exact name of the Corporation ANDREW J. LEMOI, D.P.M., INC.			
3. Principal Office Address 215 TOLL GATE ROAD SUITE 209			City WARWICK	State RI	Zip 02886
4. NAICS Code 621391		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) Check the box to indicate an attachment <input type="checkbox"/>					
President Name ANDREW J. LEMOI			Vice-President Name ANDREW J. LEMOI		
Street Address 1050 MAIN ST. SUITE 21			Street Address SAME		
City EAST GREENWICH	State RI	Zip 02818	City	State	Zip
Secretary Name ANDREW J. LEMOI			Treasurer Name ANDREW J. LEMOI		
Street Address SAME			Street Address SAME		
City	State	Zip	City	State	Zip
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/SLRILS		
			PAR VALUE		
			200		
			STK		
			0.0100		
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 J. LEMOI					Date 2-10-2025
Signature of Authorized Representative					