



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

Fee: \$20.00

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

**Non-Profit Corporation
Annual Report**

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025: 2025

1. Corporate ID No. 000083848

2. Name of Corporation Rhode Island Podiatric Medical Association

3. State of Incorporation

State: RI

NAICS CODE

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813920

4. Principal Office Address

No. and Street: 225 DYER STREET, 2ND FLOOR

City or Town: PROVIDENCE

State: RI Zip: 02903 Country: USA

5. Brief Description of the Character of the Affairs Conducted in Rhode Island

PROMOTING THE ART AND SCIENCE OF PODIATRIC MEDICINE AND SURGERY
AMONG AND ON BEHALF OF DOCTORS OF PODIATRIC MEDICINE.

6. Names and Addresses of the Officers and Directors:

All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.

Title	Individual Name	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
TREASURER	JORDAN DEHAVEN	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
APMA DELEGAGE/IMMEDIATE PAST PRESIDENT	MICHAEL REUTER DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
PRESIDENT	JOE DOMENICO DPM	225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 USA
PRESIDENT ELECT	SARA CATHCART DPM	225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 USA
VICE PRESIDENT	TRACI BOLOGNA JILL DPM	225 DYER STREET, 2ND FLOOR PROVIDENCE, RI 02903 USA
EXECUTIVE DIRECTOR	ALI WALZ	405 PROMENADE ST., SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	TAMMY VANDINE DPM	1087 WARWICK AVENUE WARWICK, RI 02888 USA
DIRECTOR	JAMES APPLETON DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	NATHALIA DOOBAY DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	KRYSIA LEPOER DPM	405 PROMENADE ST., SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	DAVID RUGGIERO DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA
DIRECTOR	SARA CATHCART DPM	405 PROMENADE STREET, SUITE A PROVIDENCE, RI 02908 USA

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

STACY PATERNO 405 PROMENADE STREET, SUITE A PROVIDENCE , RI 02908

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 22 Day of April, 2025 at 1:05:31 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By STACY PATERNO
Signature of Authorized Person

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