



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2013

Filing Period: January 1 - March 1 • Filing Fee: \$50.00* THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK
* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 70848		2. Name of Corporation GREENWICH PODIATRY, INC.			
3. Street Address Principal Business Office 694 MAIN STREET			City E GREENWICH	State RI	Zip 02818
4. Business Phone No. 401-884-2821		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island PROFESSIONAL PODIATRY SERVICES					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name NANCY E. WATERMAN, D.P.M.			Vice President Name NANCY E. WATERMAN, D.P.M.		
Street Address 694 MAIN STREET			Street Address 694 MAIN STREET		
City E GREENWICH	State RI	Zip 02818	City E GREENWICH	State RI	Zip 02818
Secretary Name NANCY E. WATERMAN, D.P.M.			Treasurer Name NANCY E. WATERMAN, D.P.M.		
Street Address 694 MAIN STREET			Street Address 694 MAIN STREET		
City E GREENWICH	State RI	Zip 02818	City E GREENWICH	State RI	Zip 02818
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name NANCY E. WATERMAN, D.P.M.			Director Name		
Street Address 694 MAIN STREET			Street Address		
City E GREENWICH	State RI	Zip 02818	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
8,000	COMMON	\$1.00	100	COMMON	\$1.00

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.

File Date _____
Check No. _____ BY _____
By: _____
FOR SECRETARY OF STATE USE ONLY

FILED
FEB 08 2013
3691

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.
Signature: Nancy E. Waterman Date: 2/6/13
NANCY E. WATERMAN, D.P.M.
Print or Type Name
PRESIDENT
Title