
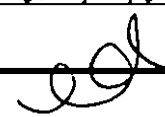


State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 064550		2. Exact name of the Corporation Podiatry Services, Ltd.			
3. Principal Office Address 280 Front Street		City Lincoln		State RI	Zip 02865
4. NAICS Code		6. Brief description of the character of business conducted in Rhode Island			
5. State of Incorporation Rhode Island		Medical Office			
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Dr. Mark H. Kuhar		Vice-President Name			
Street Address 27 Hunters Knoll		Street Address			
City Smithfield	State RI	Zip 02917	City	State	Zip
Secretary Name		Treasurer Name			
Street Address		Street Address			
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 Dr. Mark H. Kuhar		Director Name			
Street Address 27 Hunters Knoll		Street Address			
City Smithfield	State RI	Zip 02917	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/SERIES	PAR VALUE
		100		Common	1.00
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 Dr. Mark H. Kuhar				Date 2.14.18	
Signature of Authorized Representative 				FILED 	

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov
 GW4851 1.000

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