



State of Rhode Island  
**Department of State - Business Services Division**

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**Annual Report for the year: 2022**  
**Corporation**

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

1. Entity ID Number <b>000084832</b>	2. Exact name of the Corporation <b>Rhode Island Foot Care, Inc.</b>		
3. Principal Office Address <b>649 East Avenue</b>		City <b>Pawtucket</b>	State <b>RI</b>
		Zip <b>02860</b>	
4. NAICS Code <b>621391</b>	6. Brief description of the character of business conducted in Rhode Island <b>To engage in the practice of podiatry</b>		
5. State of Incorporation <b>RI</b>		Title: <b>7-5.1</b>	

7. List ALL officers (names and addresses) Check the box to indicate an attachment

President Name <b>David Greenberg D.P.M.</b>			Vice-President Name <b>Douglas Glod, D.P.M.</b>		
Street Address <b>71 Water Way</b>			Street Address <b>40 Crystal Drive</b>		
City <b>Barrington</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>
Secretary Name <b>David M. Ruggiero, D.P.M.</b>			Treasurer Name <b>Brian Pontarelli, D.P.M.</b>		
Street Address <b>2 Alvina Drive</b>			Street Address <b>74B Valley Green Court</b>		
City <b>Johnston</b>	State <b>RI</b>	Zip <b>02919</b>	City <b>North Providence</b>	State <b>RI</b>	Zip <b>02904</b>

8. List ALL directors (names and addresses) Check the box to indicate an attachment

Director Name <b>N/A</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  Changes require an additional filing.	NUMBER OF SHARES	CLASS/SERIALS	PAR VA. UE
	<b>700</b>	<b>Common</b>	<b>\$1.00 par</b>

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 <b>David Greenberg, D.P.M.</b>	Date <b>3-30-22</b>
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Signature of Authorized Representative

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

FILED  
 APR -6 2022  
 BY **QDEN5VF**  
 FORM 630 - Revised: 11/2021