RI SOS Filing Number: 200700373660 Date: 08/30/2007 4:00 PM

Office of the Secretary of State

Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
137030	Body Ease RI Physical Therapy Centre, LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
RHODE ISLAND	OUTPATIENT PHYSICAL THERAPY

5. Principal office address	City	State	Zip
567 South County Trail Suite 113	Exeter	RI	02822

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Heidi C. Sweetman	Member

Street Address	City	State	Zip
567 South County Trail Suite 113	Exeter	RI	02822

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐

Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip
Manager Name	Street Address	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
HEIDI C. SWEETMAN	567 SOUTH COUNTY TRAIL, SUITE 113	EXETER	02822-

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

[redacted]

[redacted]

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.

Heidi C. Sweetman 8-27-07
Signature of Authorized Person *Date*

[redacted]

Heidi C. Sweetman
Print or Type Name of Authorized Person

File Date 8-30-07
Check No. 1617
By: [redacted]
FOR SECRETARY OF STATE USE ONLY
12919-3-175133

Form 632 Rev. 07/07