



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 2008**

**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. 113204		2. Name of Corporation Coventry Physical Therapy and Sports Medicine, Inc.			
3. Street Address Principal Business Office 2075 Nooseneck Hill Road			City Coventry	State RI	Zip 02816
4. Business Phone No. 401-397-8399		5. State of Incorporation RHODE ISLAND			
6. Brief Description of the Character of Business Conducted in Rhode Island to render physical therapy services					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Marybeth McGovern			Vice President Name Marybeth McGovern		
Street Address 94 Chaplin Drive			Street Address 94 Chaplin Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Marybeth McGovern			Treasurer Name Marybeth McGovern		
Street Address 94 Chaplin Drive			Street Address 94 Chaplin Drive		
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Noine			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 ("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
1000	Common	No Par	1000	Common	No Par
			THIS SECTION MUST BE COMPLETED		

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.

**FILED**  
FEB 08 2008  
11:54

File Date  
Check No.  
By: EMC  
049253

FOR SECRETARY OF STATE USE ONLY

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.

Marybeth McGovern 1/31/08  
Signature Date  
Marybeth McGovern  
Print or Type Name  
President  
Title