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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.	2. Name of Corporation			
46907	CRANSTON PHYSICAL THERAPY TREATMENT CENTER, INC.			
3. Street Address Principal Business Office		City	State	Zip
206 WARWICK AVENUE		CRANSTON	RI	02905
4. Business Phone No.	5. State of Incorporation			
(401) 461-7878	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
HEALTH CARE THERAPY TREATMENT

7. NAMES AND ADDRESSES OF THE OFFICERS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name			Vice President Name		
LOUIS CIORLANO			LOUIS CIORLANO		
Street Address			Street Address		
206 WARWICK AVENUE			SAME		
City	State	Zip	City	State	Zip
CRANSTON	RI	02905			
Secretary Name			Treasurer Name		
GLADYS CIORLANO			GLADYS CIORLANO		
Street Address			Street Address		
206 WARWICK AVENUE			SAME		
City	State	Zip	City	State	Zip
CRANSTON	RI	02905			

8. NAMES AND ADDRESSES OF THE DIRECTORS: ***("X" BOX FOR ATTACHMENT)*** ☐ **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name			Director Name		
LOUIS CIORLANO			GLADYS CIORLANO		
Street Address			Street Address		
SAME			SAME		
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)*** ☐ **10. SHARES ISSUED** ***("X" BOX FOR ATTACHMENT)*** ☐

AUTHORIZED SHARES			ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
Number of Shares	*Class/Series*	*Par Value*	*Number of Shares*	*Class/Series*	*Par Value*
300 NO PAR VALUE			300	COMMON	NO PAR VALUE

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.

[redacted] [redacted]

FILED
File Date FEB 08 2008
Check No. By DS - 2481
By:
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.

Louis Ciorlano 1/22/08
Signature *Date*

LOUIS CIORLANO
Print or Type Name

[redacted] PRESIDENT
Title

20324-22-230237

Form 630 Rev. 12/06