



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. 265874		2. Name of Corporation Crellin Physical Therapy Services, Inc.			
3. Street Address Principal Business Office 328 Cowesett Avenue			City West Warwick	State Rhode Island	Zip 02893
4. Business Phone No. (401) 821-6091		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island 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 Andrew T. Crellin			Vice President Name None		
Street Address 328 Cowesett Avenue			Street Address		
City West Warwick	State RI	Zip 02893	City	State	Zip
Secretary Name Andrew T. Crellin			Treasurer Name Andrew T. Crellin		
Street Address 328 Cowesett Avenue			Street Address 328 Cowesett Avenue		
City West Warwick	State RI	Zip 02893	City West Warwick	State RI	Zip 02893
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name None			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
8,000 common no par value			1,000	common	no par

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.

File Date	FILED
Check No.	SEP 23 2008
By:	10694
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.

Andrew T. Crellin 9/15/08
Signature Date

Andrew T. Crellin

Print or Type Name

President

Title