



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

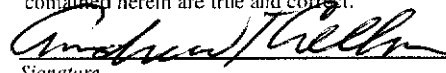
*** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.**

| | | | | | |
|--|--------------|---|---|-----------------------|--------------|
| 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.


Signature
9/15/08
Date
Andrew T. Crellin
Print or Type Name
President
Title