



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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2008

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. 136873		2. Exact name of the limited liability company JOHN WARD PHYSICAL THERAPY, LLC			
3. State of Formation RHODE ISLAND		4. Brief description of the character of the business which is actually conducted in Rhode Island PHYSICAL THERAPY SERVICES			
5. Principal office address 5 HOMESTEAD ROAD		City WOOD RIVER JUNCTION	State RHODE ISLAND	Zip 02894	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name JOHN E. WARD		Contact Title MANAGER			
Street Address 5 HOMESTEAD ROAD		City WOOD RIVER JUNCTION	State RHODE ISLAND	Zip 02894	
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) <input type="checkbox"/>					
Manager Name JOHN E. WARD		Manager Name			
Street Address 5 HOMESTEAD ROAD		Street Address			
City WOOD RIVER JUNCTION	State RHODE ISLAND	Zip 02894	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	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 CHARLES SOLOVEITZIK		Address P.O. BOX 414			
Address TWO ELM STREET		City WESTERLY	Zip 02891		

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

136873

File Date	FILED
Check No.	OCT 02 2008
By	By [Signature]
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] 9/20/08
 Signature of Authorized Person Date
 JOHN E. WARD
 Print or Type Name of Authorized Person