

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 2009 401.222.30 Filling Period: January 1 - March 1 • Filling 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.	, ,	8	was report wassing assirty (50) days after	ine time prescribea by taw (R.	1.G.L. /-1.2-1501(c&d)) is
1. Corporate ID No. 95863	2. Name of Corporation				
	TRU-CARE	PHYSICAL TH	ERAPY, INC.		
3. Street Address Principal Business C			City	State	Zip
18 Fifth Avenue 4. Business Phone No. S State of Incompany			East Greenwich	RI	02818
401-884-9541 Rhode Isla			and		
6. Brief Description of the Character of	of Business Conducted in R	bode Island			
Providing phy	sical thera	ру			
7. NAMES AND ADDRESSES	OF THE OFFICERS:	("X" BOX FOR ATTA	CHMENT) 📋 FILL IN SPACE	S BEFORE USING ATT	ACHMENTS
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTAINMENT Name			Vice President Name		
Susan Hammond			Susan Hammond		
Street Address			Street Address		
18 Fifth Aven			: 18 Fifth Aven	ue	
East Greenwic	State	Zip	City	State	Zip
Secretary Name	р RI	02818	East Greenwic	ի RI	02818
<u>Susan</u> Hammond	1		Treasurer Name		
Street Address			Susan Hammond		
18 Fifth Avenue			Street Address		
City	State	Zip	18 Fifth Aven		
East Greenwic		⁻	City	State	Zip
8. NAMES AND ADDRESSES Director Name	h RI Of the directors	02818 5: ("X" BOX FOR ATT	East Greenwic	h RI	l 02818
· · · ·		,	Director Name	ES BEFORE USING AL	IACHMENTS
<u>Susan Hammond</u>			None		
Street Address			Street Address		
18 Fifth Aven	u e				
East Greenwic	State h RI	^{Zip} 02818	City	State	Zip
Director Name		J	Director Name	l	J
None					
Street Address			None Street Address		
			oneer Maaress		
City	State	Ζip	City	State	Zip
9. SHARES AUTHORIZED	l ·		10 5111 750		
1000			10. SHARES ISSUED ("X"	BOX FOR ATTACHME	NT)
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES — THIS SECTION N Number of Shares	Class/Series	
				CHISTOPHES	Par Value
			100	common	no par
					
This report must be executed of this report must be executed of	on behalf of the corpo	oration by an authorized	representative. If the corpora	tion is in the hands of a	raggings of trust
this report must be executed o	n behalf of the corno	ration by the receiver of	r trustae	non is in the hands of a	receiver or trustee,

F	ILED
File Date FE Check No.	8 1 7 2009
By:By	1410
FOR SEC	RETARY OF STATE USE ONLY

contained herein are tr	anying schedules and rue and correct.	statements, and that all states
10-		E/3/09
Stgnature		Date
Susan Hamm	nond	
Print or Type Name		
President		
Title		
		Form 630 Rev. 08/08