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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 2009

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		
142711	Specialized Orthopedic Physical Therapy East Side, Inc.		
3. Street Address Principal Business Office: 1145 Main Street	City: Warwick	State: Rhode Island	Zip: 02860
4. Business Phone No.	5. State of Incorporation: Rhode Island		

6. Brief Description of the Character of Business Conducted in Rhode Island
To perform all aspects of physical therapy including but not limited to general orthopedic to general sports medicine.

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

President Name	Street Address	City	State	Zip
Jason M. Ulisse	16 Valley Stream Drive	Cumberland	Rhode Island	02864
Vice President Name	**Street Address**	**City**	**State**	**Zip**
James C. Welch	14 Lunn Street	Riverside	Rhode Island	02914
Secretary Name	**Street Address**	**City**	**State**	**Zip**
James C. Welch	same as above			
Treasurer Name	**Street Address**	**City**	**State**	**Zip**
Jason M. Ulisse	same as above			

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

Director Name	Street Address	City	State	Zip
Director Name	**Street Address**	**City**	**State**	**Zip**
Director Name	**Street Address**	**City**	**State**	**Zip**

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
100	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]

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.

Jason Ulisse 2/2/09
Signature *Date*

Jason M. Ulisse
Print or Type Name

[redacted] President
Title

File Date FILED
Check No. FEB 17 2009
By: By 2613
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31254-14-348427

Form 630 Rev. 08/08