RI SOS Filing Number: 200942583720 Date: 02/19/2009 4:00 PM

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			
298465	PALADIN PHYSICAL THERAPY, INC			
3. Street Address Principal Business Office		City	State	Zip
1100 RESERVOIR RD		CRANSTON	RI	02910
4. Business Phone No.	5. State of Incorporation			
401-765-3335	RHODE ISLAND			

6. Brief Description of the Character of Business Conducted in Rhode Island
TO ENGAGE IN PHYSICAL THERAPY SERVICES

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

President Name			Vice President Name		
PAULA M. TRUMP			DIANA MULLEN-RIVERS		
Street Address			Street Address		
66 VIRGINIA AVENUE			305 MINERVA AVE		
City	State	Zip	City	State	Zip
E. GREENWICH	RI	02818	CUMBERLAND	RI	02864
Secretary Name			Treasurer Name		
DIANA MULLEN-RIVERS			PAULA M. TRUMP		
Street Address			Street Address		
305 MINERVA AVE			66 VIRGINIA AVENUE		
City	State	Zip	City	State	Zip
CUMBERLAND	RI	02864	E. GREENWICH	RI	02818

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

Director Name			Director Name		
PAULA M. TRUMP			DIANA MULLEN-RIVERS		
Street Address			Street Address		
66 VIRGINIA AVENUE			305 MINERVA AVE		
City	State	Zip	City	State	Zip
E. GREENWICH	RI	02818	CUMBERLAND	RI	02864
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	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
50%		
50%		

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.

Paula M Trump 2-9-09
Signature *Date*

PAULA M. TRUMP 2/9/09
Print or Type Name

[redacted] DIRECTOR
Title

File Date 2-19-09
Check No. 282
By: MMC

FOR SECRETARY OF STATE USE ONLY
31290-7-348904

Form 630 Rev. 08/08