



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 2010

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. 126109		2. Name of Corporation Napatree Physical Therapy, Inc.			
3. Street Address Principal Business Office 55 BEACH STREET			City WESTERLY	State RI	Zip 02891
4. Business Phone No. 401-348-1010		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To Provide 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 Maureen Corey Gibeault			Vice President Name Maureen Corey Gibeault		
Street Address 22 Notch Road			Street Address 22 Notch Road		
City Mendon	State VT	Zip 15701	City Mendon	State VT	Zip 15701
Secretary Name Maureen Corey Gibeault			Treasurer Name Maureen Corey Gibeault		
Street Address 22 Notch Road			Street Address 22 Notch Road		
City Mendon	State VT	Zip 15701	City Mendon	State VT	Zip 15701
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Maureen Corey Gibeault			Director Name		
Street Address 22 Notch Road			Street Address		
City Mendon	State VT	Zip 15701	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
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 MUST BE COMPLETED		
			Number of Shares 2,000	Class/Series None	Par Value None

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.

FILED	
File Date	JAN 07 2010
Check No.	
By:	By <u>MA</u>
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.

Maureen Corey Gibeault 1/2/2010
Signature Date
Maureen Corey Gibeault
Print or Type Name
President
Title