



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. 62695		2. Name of Corporation Northern Rhode Island Physical Therapy, Inc.			
3. Street Address Principal Business Office 1 Garnett Lane			City Greenville	State Rhode Island	Zip 02828
4. Business Phone No. 401/949-0380		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island Physical Therapy Practice					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Amanda Keegan			Vice President Name Andrea Ross		
Street Address 1 Garnett Lane			Street Address 21 White Pine Drive		
City Greenville	State Rhode Island	Zip 02818	City Cumberland	State Rhode Island	Zip 02864
Secretary Name Andrea Ross			Treasurer Name Amanda Keegan		
Street Address 21 White Pine Drive			Street Address 1 Garnett Lane		
City Cumberland	State Rhode Island	Zip 02864	City Greenville	State Rhode Island	Zip 02828
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Amanda Keegan			Director Name Andrea Ross		
Street Address 1 Garnett Lane			Street Address 21 White Pine Drive		
City Greenville	State Rhode Island	Zip 02828	City Cumberland	State Rhode Island	Zip 02864
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 200	Class/Series Common	Par Value \$.01

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	FEB 04 2010
Check No.	By 448360
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.

Laura N. Wilkinson 2/3/10
Signature Date
Laura N. Wilkinson
Print or Type Name
Assistant Secretary
Title

**EXHIBIT A
TO
2010 RHODE ISLAND PROFIT CORPORATION ANNUAL REPORT
OF
NORTHERN RHODE ISLAND PHYSICAL THERAPY, LTD.
(Corp. ID# 62695)**

Name and Address of Additional Officer:

<u>Title</u>	<u>Name</u>	<u>Address</u>
Assistant Secretary	Laura N. Wilkinson	c/o Edwards Angell Palmer & Dodge LLP 2800 Financial Plaza Providence, RI 02903

FILED
FEB 04 2010
By 62695