



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. 71289		2. Name of Corporation Slatersville Physical Therapy, Inc.			
3. Street Address Principal Business Office 501 Great Road, Suite 108			City North Smithfield	State RI	Zip 02896
4. Business Phone No. 401-767-2425		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island All nature of things having to do with physical therapy.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Daniel R. Marcotte			Vice President Name Monique B. Lacroix		
Street Address 501 Great Road, Suite 108			Street Address same as above		
City North Smithfield	State RI	Zip 02896	City	State	Zip
Secretary Name Daniel R. Marcotte			Treasurer Name Monique B. Lacroix		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Daniel R. Marcotte			Director Name Monique B. Lacroix		
Street Address same as above			Street Address same as above		
City	State	Zip	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 1000	Class/Series Common	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 **FEB 25 2010**

Check No. **3467**

By: \_\_\_\_\_

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.

Signature Daniel R. Marcotte Date 2/6/2010

Daniel R. Marcotte

Print or Type Name

President

Title