



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) 222-3910

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2010

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b)(c)) is subject to a penalty fee of \$25.00.

1. ID No. 151756		2. Exact name of the limited liability company Susan M. Almeida, P.T., LLC			
3. State of Formation Rhode Island		4. Brief description of the character of the business which is actually conducted in Rhode Island Out Patient Physical Therapy			
5. Principal office address 1920 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON: Contact Name Susan M. Almeida					
Street Address 1920 Mineral Spring Avenue		City North Providence	State RI	Zip 02904	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11					

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

151756

File Date	<u>9-23-2010</u>
Check No.	<u>17024</u>
By:	<u>MMA</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.

<u>Susan M. Almeida</u>	<u>9/20/10</u>
Signature of Authorized Person	Date
Susan M. Almeida	
Print or Type Name of Authorized Person	