



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 2011**

**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.<br>130074  |             | 2. Name of Corporation<br>Healy Physical Therapy and Sports Medicine, Inc. |   |              |              |
| 3. Street Address Principal Business Office<br>927 Warren Avenue   |             |  | City<br>East Providence   | State<br>RI  | Zip<br>02914 |
| 4. Business Phone No.<br>401-438-0905  |             | 5. State of Incorporation<br>Rhode Island                                  |   |              |              |
| 6. Brief Description of the Character of Business Conducted in Rhode Island<br>Rendering professional 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<br>Michael P. Healy   |             |  | Vice President Name<br>None   |              |              |
| Street Address<br>368 Juniper Street   |             |  | Street Address  |              |              |
| City<br>East Providence  | State<br>RI | Zip<br>02914   | City  | State        | Zip          |
| Secretary Name<br>Michael P. Healy   |             |  | Treasurer Name<br>Michael P. Healy                                  |              |              |
| Street Address<br>368 Juniper Street   |             |  | Street Address<br>368 Juniper Street                                |              |              |
| City<br>East Providence  | State<br>RI | Zip<br>02914   | City<br>East Providence   | State<br>RI  | Zip<br>02914 |
| 8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS                         |             |  |   |              |              |
| Director Name<br>None  |             |  | Director Name   |              |              |
| Street Address   |             |  | Street Address  |              |              |
| 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 <u>MUST</u> BE COMPLETED               |              |              |
|  |             |  | Number of Shares  | Class/Series | Par Value    |
|  |             |  | 50  | Common       | No Par Value |

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 19 2011

Check No. \_\_\_\_\_

By: [Signature]

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: [Signature] Date: 01/11/2011

Michael P. Healy

Print or Type Name

President

Title