| State of Rhode Island and Providence Plantations Fee: \$50.00 Office of the Secretary of State | | | | | | | |
|---|--|--|--|--|--|--|--|
| Division Of Business Services 148 W. River Street Providence RI 02904-2615 (401) 222-3040 | | | | | | | |
| Professional Corporation Annual Report Filing Period: January 1 - March 1 | | | | | | | |
| 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. | | | | | | | |
| ANNUAL REPORT YEAR: 2011 | | | | | | | |
| 1. Corporate ID No. 000053235 | | | | | | | |
| 2. Name of Corporation ROBERT J. O'BRIEN JR., P.T. Ltd. | | | | | | | |
| 3. Street Address Principal Business Office: | | | | | | | |
| No. and Street:106 GREEN RIVER AVENUECity or Town:WARWICKState:RIZip:02889Country:USA | | | | | | | |
| 4. Business Phone No. | | | | | | | |
| <u>401-737-8523</u> | | | | | | | |
| 5. State of Incorporation | | | | | | | |
| State: <u>RI</u> | | | | | | | |
| 6. Brief Description of the Character of Business Conducted in Rhode Island | | | | | | | |
| PHYSICAL THERAPY PRACTICE | | | | | | | |
| 7. Names and Addresses of the Officers and Directors: | | | | | | | |
| All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete. | | | | | | | |

| Title | Individual Name | Address | |
|----------------|-----------------------------|---|--|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
| TREASURER | ROBERT J. O'BRIEN JR. | 106 GREEN RIVER AVENUE WARWICK, RI 02889 USA | |
| SECRETARY | ROBERT J. O'BRIEN JR. | 106 GREEN RIVER AVENUE WARWICK, RI 02889 USA | |
| PRESIDENT | ROBERT J O'BRIEN JR | 106 GREEN RIVER AVENUE WARWICK, RI 02889 USA | |
| VICE PRESIDENT | DONNA-MARIE L. O'BRIEN | 106 GREEN RIVER AVENUE WARWICK, RI 02889 USA | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding <i>Num of</i> <i>Shares</i> |
|----------------|-----------------|------------------------|---|--|
| CNP | | \$0.00 | 600.00 | 100 |

9. 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.

Signed this 7 Day of February, 2011 at 3:01:38 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By ROBERT J. O'BRIEN, JR.

Signature of Authorized Representative of the Corporation

PRESIDENT

Title

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in section 7.

Form No. 630 Revised 09/07

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