



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. 126011		2. Name of Corporation Washington County Physical Therapy, Inc.			
3. Street Address Principal Business Office 12 Stillson Road			City Wyoming	State RI	Zip 02898
4. Business Phone No. 401-539-4600		5. State of Incorporation Rhode Island			
6. Brief Description of the Character of Business Conducted in Rhode Island To provide physical therapy services, including but not limited to, diagnosis and consultation with clients and the application of various physical therapy methods.					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Katherine L. Plunkett			Vice President Name		
Street Address 69 Larkin Pond Road			Street Address		
City West Kingston	State RI	Zip 02892	City	State	Zip
Secretary Name Katherine L. Plunkett			Treasurer Name Katherine L. Plunkett		
Street Address 69 Larkin Pond Road			Street Address 69 Larkin Pond Road		
City West Kingston	State RI	Zip 02892	City West Kingston	State RI	Zip 02892
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name			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 <b>MUST</b> BE COMPLETED		
			Number of Shares 100	Class/Series Common	Par Value 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 \_\_\_\_\_  
FEB 15 2011

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

By: 23701

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.

Katherine Plunkett 2/7/11  
 Signature Date  
 Katherine L. Plunkett  
 Print or Type Name  
 President  
 Title