



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Limited Liability Company
Annual Report**

Filing Period: September 1 - November 1

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.

ANNUAL REPORT YEAR: 2011

1. ID No. 000508876

2. Exact Name of the Limited Liability Company Cumberland Therapy Services, LLC

3. State of Formation

State: DE

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

PROFESSIONAL STAFFING SERVICES

5. Principal Office Address

No. and Street: 400 REGENCY FOREST DRIVE, SUITE 310
SUITE 310

City or Town: CARY State: NC Zip: 27518 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: STEVEN BJERKE Contact Title: VICE PRESIDENT

No. and Street: 400 REGENCY FOREST DRIVE, SUITE 310
SUITE 310

City or Town: CARY State: NC Zip: 27518 Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS**

Title	Individual Name	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CT CORPORATION SYSTEM 10 WEYBOSSET STREET PROVIDENCE , RI 02903

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

Signed this 12 Day of October, 2011 at 4:09:51 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By STEVEN BJERKE
Signature of Authorized Person

Form No. 632
Revised 09/07

© 2007 - 2011 State of Rhode Island and Providence Plantations
All Rights Reserved