



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

**Business 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:** 2012

**1. Corporate ID No.** 000105282

**2. Name of Corporation** Audrey Galli Physical Therapy, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 1500 OAKLAWN AVENUE

City or Town: CRANSTON

State: RI

Zip: 02920

Country: USA

**4. Business Phone No.**

401-463-0113

**5. State of Incorporation**

State: RI

**6. Brief Description of the Character of Business Conducted in Rhode Island**

TO OWN AND OPERATE AN OUTPATIENT FACILITY PROVIDING PHYSICAL THERAPY SERVICES TO CLIENTS INCLUDING BUT NOT LIMITED TO ALL TYPES OF REHABILITATIVE SERVICES.

**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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**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<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country |
|-----------|------------------------------------------------|------------------------------------------------------------|
| PRESIDENT | AUDREY GALLI                                   | 1500 OAKLAWN AVENUE<br>CRANSTON, RI 02920 USA              |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares<br><i>Number of Shares</i> | Total Issued and Outstanding<br><i>Num of Shares</i> |
|----------------|-----------------|---------------------|----------------------------------------------------|------------------------------------------------------|
| CNP            |                 | \$0.00              | 2,000.00                                           | 0                                                    |

**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 11 Day of January, 2012 at 10:22:04 AM.** *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 AUDREY GALLI  
Signature of Authorized Representative of the Corporation

OWNER/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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