



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 2012**

**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. 105283		2. Name of Corporation Excel Physical Therapy, Inc.			
3. Street Address Principal Business Office 51 Sockanosset Crossroad			City Cranston	State RI	Zip 02920
4. Business Phone No. (401) 944-7574		5. State of Incorporation Rhode Island			
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 no limited to all types of rehabilitation					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Judith Ricci			Vice President Name Susan Parker		
Street Address 10 Cheryl's Way			Street Address 52 Rollingwood Drive		
City Cranston	State RI	Zip 02921	City Johnston	State RI	Zip 02919
Secretary Name Robert Parker			Treasurer Name David M. Ricci		
Street Address 52 Rollingwood Drive			Street Address 10 Cheryl's Way		
City Johnston	State RI	Zip 02919	City Cranston	State RI	Zip 02921
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Judith Ricci			Director Name Susan Parker		
Street Address 10 Cheryl's Way			Street Address 52 Rollingwood Drive		
City Cranston	State RI	Zip 02921	City Johnston	State RI	Zip 02919
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 MUST BE COMPLETED		
			Number of Shares None	Class/Series common	Par Value no par

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 26 2012**  
 Check No. **By** *mmc*  
 By: **4649**  
 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.

*Judith M. Ricci* 1/20/12  
 Signature Date  
 Judith Ricci  
 Print or Type Name  
 President  
 Title