



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 ~ Email: corporations@sos.ri.gov ~ Website: www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2012

Filing Period: January 1 - March 1 • This report must be typed or printed legibly.

Filing Fee: \$50.00 • FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A \$25.00 PENALTY FEE.

1. Entity ID No. 000154881		2. Exact name of the Corporation ISLAND PHYSICAL THERAPY		
3. Principal office address 90 SHIRLEY DRIVE		City CHARLESTOWN	State RI	Zip 02813
4. Business Phone No. 401-315-2995		5. State of Incorporation FLORIDA		
6. Brief description of the character of business conducted in Rhode Island PHYSICAL THERAPY				
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
President Name TINA SLESIONA		Vice-President Name		
Street Address 19 GROVE AVENUE		Street Address		
City WESTERLY	State RI	Zip 02891	City	State RI
Secretary Name		Treasurer Name TINA SLESIONA		
Street Address		Street Address 19 GROVE AVENUE		
City	State	Zip	City WESTERLY	State RI
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT)				
Director Name TINA SLESIONA		Director Name		
Street Address 19 GROVE AVENUE		Street Address		
City WESTERLY	State RI	Zip 02891	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
9. SHARES AUTHORIZED		10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)		
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.		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
		0	CWP	1.00

This report must be executed on behalf of the corporation by a duly 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 _____

Check No _____

By: _____

MAR 15 2012

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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.

Tina Slesiona 3-14-12
 Signature of Authorized Representative Date

TINA SLESIONA

Print or Type Name of Authorized Representative

FOR SECRETARY OF STATE USE ONLY