



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:** 2012

1. ID No. 000698589

2. Exact Name of the Limited Liability Company ORTHOCORE PHYSICAL THERAPY LLC

3. State of Formation

State: RI

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

Physical Therapy treatment and services

5. Principal Office Address

No. and Street: 7610 POST RD.  
UNIT #5

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

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

Contact Name: IAN MANNING Contact Title: PHYSICAL THERAPIST/OWNER

No. and Street: 7610 POST RD.  
UNIT #5

City or Town: NORTH KINGSTOWN State: RI Zip: 02852 Country: USA

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

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
MANAGER	IAN THOMAS MANNING MR.	69 DALE ST. DEDHAM, MA 02026 USA

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

WILLIAM LANE 765 ALLENS AVENUE PROVIDENCE , RI 02905

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

**Signed this 5 Day of September, 2012 at 9:03:12 AM 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 IAN MANNING  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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