

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

Professional 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: 2013

1. Corporate ID No. 000509404

2. Name of Corporation Complete Body Physical Therapy PC.

3. Street Address Principal Business Office:

No. and Street: <u>1452 BRONCO HIGHWAY</u>

City or Town: BURRILLVILLE State: RI Zip: 02830 Country: USA

4. Business Phone No.

401 371-2890

5. State of Incorporation

State: RI

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

Comprehensive physical therapy services, including massage therapy, certified personal training, nutrition and wellness consulting

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.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	Address	
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	MELISSA L. ESCOBAR	1452 BRONCO HIGHWAY BURRILLVILLE, RI 02830 USA	
TREASURER	MELISSA L. ESCOBAR	1452 BRONCO HIGHWAY BURRILLVILLE, RI 02830 USA	
SECRETARY	MELISSA L. ESCOBAR	1452 BRONCO HIGHWAY BURRILLVILLE, RI 02830 USA	
DIRECTOR	MELISSA L. ESCOBAR	1452 BRONCO HIGHWAY	

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares Number of Shares	Total Issued and Outstanding Num of Shares
STK		\$0.0000	1,000.00	10

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 27 Day of March, 2013 at 6:55:35 PM. 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 MELISSA L. ESCOBAR

Signature of Authorized Representative of the Corporation

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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