



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. 000732215

2. Name of Corporation ProCare Therapy Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 1288 OAKLAWN AVENUE  
SUITE C

City or Town: CRANSTON State: RI Zip: 02920 Country: USA

4. Business Phone No.

401615-9500

5. State of Incorporation

State: RI

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

PHYSICAL, OCCUPATIONAL AND SPEECH THERAPY

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 If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.**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 | ALISHA E CARR                                  | 860 LATEN KNIGHT RD<br>CRANSTON, RI 02921 USA              |
| PRESIDENT | CELESTE RUGGIERI JONES                         | 860 LATEN KNIGHT RD<br>CRANSTON, RI 02921 USA              |
| TREASURER | CELESTE RUGGIERI JONES                         | 860 LATEN KNIGHT ROAD<br>CRANSTON, RI 02921 USA            |
| SECRETARY | ALISHA CARR                                    | 860 LATEN KNIGHT RD  |

**8. Shares Authorized and Issued**

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|---|--|
| STK            |                 | \$0.0100            | 1,000.00  | 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 27 Day of March, 2013 at 11:01:35 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 CELESTE RUGGIERI JONES

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