



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 **2013**

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. 153159		2. Exact name of the Corporation Flexible Physical Therapy, Inc.			
3. Principal office address 845 North Main Street, Ste. #1B			City Providence	State RI	Zip 02904
4. Business Phone No. 401-270-1905		5. State of Incorporation Rhode Island			
6. Brief description of the character of business conducted in Rhode Island Physical therapy services.					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Lisa Pickett			Vice-President Name		
Street Address 26 Dulles Street			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Secretary Name Lisa Pickett			Treasurer Name Lisa Pickett		
Street Address 26 Dulles Street			Street Address 26 Dulles Street		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name Lisa Pickett			Director Name		
Street Address 26 Dulles Street			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
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.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			1,000	Common	\$0.01

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.

File Date _____

FILED

Check No _____

JUN 13 2013

By: _____

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.

Lisa Pickett
 Signature of Authorized Representative 3/1/13
Date

FOR SECRETARY OF STATE USE ONLY BY 1503

Lisa Pickett

Print or Type Name of Authorized Representative

108005179