



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. <b>000069105</b>		2. Exact name of the Corporation <b>Sundance Rehabilitation Corporation</b>			
3. Principal office address <b>101 East State Street</b>		City <b>Kennett Square</b>	State <b>PA</b>	Zip <b>19348</b>	
4. Business Phone No. <b>610-444-6530</b>		5. State of Incorporation <b>CT</b>			
6. Brief description of the character of business conducted in Rhode Island <b>Provides occupational, physical and rehabilitation therapy.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>George V. Hager, Jr.</b>			Vice-President Name <b>Robert A. Reitz</b>		
Street Address <b>101 East State Street</b>			Street Address <b>101 East State Street</b>		
City <b>Kennett Square</b>	State <b>PA</b>	Zip <b>19348</b>	City <b>Kennett Square</b>	State <b>PA</b>	Zip <b>19348</b>
Secretary Name <b>Michael S. Sherman</b>			Treasurer Name <b>Thomas DiVittorio</b>		
Street Address <b>101 East State Street</b>			Street Address <b>101 East State Street</b>		
City <b>Kennett Square</b>	State <b>PA</b>	Zip <b>19348</b>	City <b>Kennett Square</b>	State <b>PA</b>	Zip <b>19348</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name <b>George V. Hager, Jr.</b>			Director Name <b>Robert A. Reitz</b>		
Street Address <b>101 E State St.</b>			Street Address <b>101 E. State St.</b>		
City <b>Kennett Sq</b>	State <b>PA</b>	Zip <b>19348</b>	City <b>Kennett Sq</b>	State <b>PA</b>	Zip <b>19348</b>
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
			20,000 authorized		1.00
			250 issued		1.00

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SECRETARY OF STATE  
CORPORATIONS DIV

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 \_\_\_\_\_

Check No \_\_\_\_\_

By: \_\_\_\_\_

FOR SECRETARY OF STATE USE ONLY

Form No. 630  
Revised: 01/2012

FILED<sup>m</sup>

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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.

Signature of Authorized Representative

Thomas DiVittorio

Date

6/26/13