



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

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

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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

Print or Type Name of Authorized Representative

Date

6/26/13