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 2011

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.	2. Exact name of the Corporation
000069105	Sundance Rehabilitation Corporation

3. Principal office address	City	State	Zip
101 East State Street	Kennett Square	PA	19348

4. Business Phone No.	5. State of Incorporation
610-444-6530	CT

6. Brief description of the character of business conducted in Rhode Island
Provides occupational, physical and rehabilitation therapy.

2013 JUL -5 AM 11:35 SECRETARY OF STATE CORPORATIONS DIV

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
George V. Hager Jr.	101 East State Street	Kennett Square	PA	19348

Vice-President Name	Street Address	City	State	Zip
Robert A. Reitz	101 East State Street	Kennett Square	PA	19348

Secretary Name	Street Address	City	State	Zip
Michael S. Sherman	101 East State Street	Kennett Square	PA	19348

Treasurer Name	Street Address	City	State	Zip
Thomas DiVittorio	101 East State Street	Kennett Square	PA	19348

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
George V. Hager, Jr.	101 E State St.	Kennett Sq	PA	19348

Director Name	Street Address	City	State	Zip
Robert A. Reitz	101 E State St.	Kennett Sq	PA	19348

9. SHARES AUTHORIZED

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.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

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

FILED
JUL 05 2013
BY 201018
11:35

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 — Date 6/26/13

Thomas Di Vittorio
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012

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