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

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR _2013_

Filing Period: September 1 - November 1 · **This report must be typed or printed legibly.**
Filing Fee: $50.00 · **FAILURE TO FILE THIS REPORT BY DECEMBER 1 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the limited liability company
_255093_	**National PT of New England, LLC**

3. State of Formation	4. Brief description of the character of business conducted in Rhode Island
MI	**Physical Therapy Provider**

5. Principal office address	City	State	Zip
215 Toll Gate Road, Suite 205	**Warwick**	**RI**	**02886**

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title		
William Blouin	**HR Director**		
Street Address	City	State	Zip
980 N. Michigan Ave, Ste 1379	**Chicago**	**IL**	**60611**

7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
("X" BOX FOR ATTACHMENT) ☐

Manager Name			Manager Name		
Naveen Bohra					
Street Address			Street Address		
980 N. Michigan Ave, Ste 1379					
City	State	Zip	City	State	Zip
Chicago	**IL**	**60611**			
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

8. RESIDENT AGENT IN RHODE ISLAND

This information is currently of record in the Office of the Secretary of State. Changes require filing Form 642.

File Date _____

Check No _____

By: _____

FOR SECRETARY OF STATE USE ONLY

FILED

SEP 1 2 2013

_289_

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.

_____   09/09/2013
Signature of Authorized Person   Date

Naveen Bohra
_____
Print or Type Name of Authorized Person

Form No. 632
Revised: 01/2012