



**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** 2015

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. <u>148874</u>		2. Exact name of the Corporation <u>Tente Physical Therapy, Inc</u>			
3. Principal office address <u>1051 Ten Rod Road, Suite B-2/2</u>			City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
4. Business Phone No. <u>(401) 294-0455</u>		5. State of Incorporation <u>Rhode Island</u>			
6. Brief description of the character of business conducted in Rhode Island <u>Outpatient Physical Therapy Clinic</u>					
<b>7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
President Name <u>Robert Tente</u>			Vice-President Name <u>Kathryn Tente</u>		
Street Address <u>1051 58 Dawn Marie Ct</u>			Street Address <u>58 Dawn Marie Ct</u>		
City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>	City <u>No. Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
Secretary Name <u>None</u>			Treasurer Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>					
Director Name <u>None</u>			Director Name <u>None</u>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>9. SHARES AUTHORIZED</b>			<b>10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/></b>		
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
			<u>1000</u>	<u>Common</u>	<u>No Par Value</u>

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

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.

Robert Tente 2/21/15  
 Signature of Authorized Representative Date

Robert Tente  
 Print or Type Name of Authorized Representative

FILED  
 FEB 25 2015  
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