



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2015

1. Corporate ID No. 000026382

2. Name of Corporation AMERICAN PHYSICAL THERAPY ASSOCIATION, RHODE ISLAND CHAPTER

3. State of Incorporation

State: RI

4. Corporate Address in Rhode Island

No. and Street: C/O WENDY FOX
89 STRATHMORE RD
City or Town: CRANSTON

State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

REPRESENTING THE NEEDS AND INTERESTS OF RHODE ISLAND AREA PHYSICAL THERAPISTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	PAT WOLFE	9 BARNside LN SANDWICH, MA 02563 USA

TREASURER	ALBERT HULLEY	37 ANDERSON AVE WARWICK, RI 02888 USA
SECRETARY	MARTHA VIGNEAULT	901 E SHORE RD JAMESTOWN, RI 02835 USA
VICE PRESIDENT	JASON HARVEY	36 TEABERRY LN ATTLEBORO, MA 02703-6716 USA
DIRECTOR	KRISTIN BROWN	3 RUSTWOOD BARRINGTON, RI 02806 USA
DIRECTOR	WENDY BALTZER-FOX	89 STRATHMORE ROAD CRANSTON, RI 02905 USA
DIRECTOR	ELLEN STURTEVANT	174 GLEN HILLS DR CRANSTON, RI 02920 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KIM ROUILLIER 52 DEWBERRY LANE WAKEFIELD , RI 02879

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 19 Day of August, 2015 at 1:39:35 PM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By JAMES LEAHY, RI APTA
Signature of Authorized Person

Form No. 631
Revised 09/07