



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. 931965		2. Exact name of the Corporation Francis J. George PT and Associates, Inc.			
3. Principal office address 256 Harriet Lane		City Cumberland		State RI	Zip 02864
4. Business Phone No. 401-333-8937		5. State of Incorporation RI			
6. Brief description of the character of business conducted in Rhode Island Physical therapy services					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
President Name Karen G. Lyles			Vice-President Name Karen G. Lyles		
Street Address 256 Harriet Lane			Street Address 256 Harriet Lane		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Karen G. Lyles			Treasurer Name Karen G. Lyles		
Street Address 256 Harriet Lane			Street Address 256 Harriet Lane		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐					
Director Name Karen G. Lyles			Director Name		
Street Address 256 Harriet Lane			Street Address		
City Cumberland	State RI	Zip 02864	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐		
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
			1000	Common	.01

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.

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.

Karen G. Lyles 9/20/15
Signature of Authorized Representative Date

Karen G. Lyles, President

Print or Type Name of Authorized Representative

File Date

Check No

By

FOR SECRETARY OF STATE USE ONLY

FILED

SEP 23 2015

BY

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