



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 2015

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. <u>1009779</u>		2. Exact name of the limited liability company <u>Accomplish Therapy LLC</u>			
3. State of Formation <u>Delaware</u>		4. Brief description of the character of business conducted in Rhode Island <u>Therapy Services</u>			
5. Principal office address <u>1665 Palm Beach Lakes Blvd Suite 100</u>		City <u>West Palm Beach</u>	State <u>FL</u>	Zip <u>33401</u>	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name <u>Jason Wald</u>			Contact Title <u>Controller</u>		
Street Address <u>1665 Palm Beach Lakes Blvd Suite 100</u>		City <u>West Palm Beach</u>	State <u>FL</u>	Zip <u>33401</u>	
7. LIST ALL MANAGERS (NAMES AND ADDRESSES) OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS ("X" BOX FOR ATTACHMENT) ☐					
Manager Name <u>Brian Plasky</u>			Manager Name		
Street Address <u>1665 Palm Beach Lakes Blvd Suite 100</u>			Street Address		
City <u>West Palm Beach</u>	State <u>FL</u>	Zip <u>33401</u>	City	State	Zip
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.					

FILED

NOV 10 2015

By 260858

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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.

Brian Plasky 11/9/15
Signature of Authorized Person Date

Brian Plasky
Print or Type Name of Authorized Person