



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 2016

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. 112623		2. Exact name of the Corporation OLYMPIC PHYSICAL THERAPY & SPORTS MEDICINE, INC.			
3. Principal office address 1181 AQUIDNECK AVENUE		City MIDDLETOWN	State RI	Zip 02842	
4. Business Phone No. (401) 845-0840		5. State of Incorporation RHODE ISLAND			
6. Brief description of the character of business conducted in Rhode Island TO RENDER PROFESSIONAL SERVICES BY PHYSICAL THERAPISTS LICENSED TO PRACTICE IN THE STATE OF RHODE ISLAND					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name DONALD H. LEVINE			Vice-President Name RAYMOND B. REID, JR.		
Street Address 18 HIGH HAWK ROAD			Street Address 211 S. INDIAN TRAIL		
City PORTSMOUTH	State RI	Zip 02871	City S. KINGSTOWN	State RI	Zip 02879
Secretary Name RAYMOND B. REID, JR.			Treasurer Name DONALD H. LEVINE		
Street Address 211 S. INDIAN TRAIL			Street Address 18 HIGH HAWK ROAD		
City S. KINGSTOWN	State RI	Zip 02879	City PORTSMOUTH	State RI	Zip 02871
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			Director Name		
Street Address			Street Address		
City	State	Zip	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) <input type="checkbox"/>		
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
			200	COMMON	NO PAR VALUE

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.

[Signature] 1/11/16
 Signature of Authorized Representative Date

Donald H. Levine
 Print or Type Name of Authorized Representative

FILED

Form No. 630
 Revised: 01/2012

JAN 16 2016
 BY HL 21268