



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

Nellie M. Gorbea, Secretary of State  
Corporations Division  
148 W. River Street  
Providence, RI 02904-2615  
401.222.3040

**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2016**

Filing Period: January 1 - March 1 • Filing Fee: \$50.00\* • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

\* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. <b>118550</b>		2. Name of Corporation <b>Warwick Avenue Physical Therapy, Inc.</b>			
3. Street Address Principal Business Office <b>1030 Warwick Avenue</b>			City <b>Warwick</b>	State <b>RI</b>	Zip <b>02874</b>
4. Business Phone No. <b>(401)941-0494</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Physical therapy services, any ancillary purposes, and all other lawful purposes.</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name <b>Matthew L. Smith</b>			Vice President Name		
Street Address <b>1030 Warwick Avenue</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip
Secretary Name <b>Matthew L. Smith</b>			Treasurer Name <b>Matthew L. Smith</b>		
Street Address <b>1030 Warwick Avenue</b>			Street Address <b>1030 Warwick Avenue</b>		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02874</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02874</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input checked="" type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name <b>Matthew L. Smith</b>			Director Name		
Street Address <b>1030 Warwick Avenue</b>			Street Address		
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02874</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. SHARES AUTHORIZED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 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.			ISSUED SHARES - THIS SECTION MUST BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			<b>100 shares of \$5.00 par value common stock</b>		

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.

**FILED**

JAN 21 2016

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.

File Date \_\_\_\_\_  
Check No. \_\_\_\_\_  
By: \_\_\_\_\_  
FOR SECRETARY OF STATE USE ONLY

RV HL 5896

Signature: [Signature] Date: 1/21/16  
Print or Type Name: **Matthew L. Smith**  
Title: **President**