



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

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

BY **HL 5896**

Signature:
Date: **1/12/16**
Matthew L. Smith
Print or Type Name
President
Title