



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

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Business Corporation
Annual Report**

Filing Period: January 1 - March 1

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.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000112362

2. Name of Corporation Whole Health Physical Therapy, Inc.

3. Street Address Principal Business Office:

No. and Street: 407 EAST AVENUE, SUITE 150
City or Town: PAWTUCKET

State: RI Zip: 02860 Country: USA

4. Business Phone No.

4017222225

5. State of Incorporation

State: RI

6. Brief Description of the Character of Business Conducted in Rhode Island

OUT-PATIENT REHABILITATIVE PHYSICAL THERAPY SERVICES

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	ELIZABETH DEMERS	9 HAMPDEN STREET BARRINGTON , RI 02806 USA
VICE PRESIDENT	DENISE LEE LECLAIRE	200 FARM ST. BLACKSTONE, MA 01504 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$0.0000	1,000.00	1000

9. 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.

Signed this 25 Day of January, 2016 at 3:53:05 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DENISE LECLAIRE
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07

© 2007 - 2016 State of Rhode Island and Providence Plantations
All Rights Reserved