

## 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

1. Entity ID No.	·					
8310	Prehab	Prehab Sports Medicine Services, Inc.				
3. Principal office address 2871 Post Road			City Warwick	State RI	Zip <b>02886</b>	
4. Business Phone No. (401) 463-3060			5. State of Incorporation Rhode Island			
6. Brief description of the c Physical Therapy	haracter of busines	s conducted in Rhode Island	1			
7. LIST ALL OFFICERS (I	NAMES AND ADDE	RESSES) ("X" BOX FOR A	TACHMENT		4	
President Name Gregory Perkins			Vice-President Name Arthur Keegan			
Street Address 2871 Post Road			Street Address 2871 Post Road			
City <b>Warwick</b>	State RI	Zip <b>02886</b>	City <b>Warwick</b>	State RI	Zip <b>02886</b>	
Secretary Name Arthur Keegan			Treasurer Name Gregory Perkins			
Street Address 2871 Post Road			Street Address 2871 Post Road			
City <b>Warwick</b>	State RI	Zip <b>02886</b>	City State RI		Zip <b>02886</b>	
	(NAMES AND ADD	RESSES) ("X" BOX FOR	ATTACHMENT)			
Director Name Gregory Perkins			Director Name Arthur Keegan			
Street Address 2871 Post Road			Street Address 2871 Post Road			
City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	City <b>Warwick</b>	State <b>RI</b>	Zip <b>02886</b>	
Director Name			Director Name	·	****	
Street Address			Street Address		<del></del>	
City	State	Zip	City	State	Zip	
9. SHARES AUTHORIZED			10. SHARES ISSUED ("X" BOX FOR ATTACHMENT)			
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
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.		200		No Par		
This report must be execut		corporation by an authorize st be executed on behalf of			ls of a receiver or trustee,	
File Date			this report, includ	ing any accompanying s	rm that I have examined schedules and statements are true and correct	
Check No FILED		and that all statements contained herein are true and correct.  Signature of Authorized Representative  Date				
FOR SECRETARY OF STATE USE ONLY JAN 25 7016			Arthur EKelgan			
orm No. 630 evised: 01/2012	7	1/L 3574	Print or Type Name	e of Authorized Represent	ative	