



**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. <b>126011</b>		2. Exact name of the Corporation <b>Washington County Physical Therapy, Inc.</b>			
3. Principal office address <b>12 Stillson Road</b>		City <b>Wyoming</b>	State <b>RI</b>	Zip <b>02898</b>	
4. Business Phone No. <b>401-539-4600</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief description of the character of business conducted in Rhode Island <b>To provide physical therapy services, including but not limited to, diagnosis and consultation and the application of various physical therapy methods.</b>					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name <b>Katherine L. Plunkett</b>			Vice-President Name		
Street Address <b>153 North Road</b>			Street Address		
City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>	City	State	Zip
Secretary Name <b>Katherine L. Plunkett</b>			Treasurer Name <b>Katherine L. Plunkett</b>		
Street Address <b>153 North Road</b>			Street Address <b>153 North Road</b>		
City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>	City <b>Hopkinton</b>	State <b>RI</b>	Zip <b>02833</b>
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name			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
			100	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

Form No. 630  
Revised: 01/2012

**FILED**

**FEB 12 2016**

BY **KL 26610**

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.

*Katherine L. Plunkett* 2/5/16  
 Signature of Authorized Representative Date

**Katherine L. Plunkett**

Print or Type Name of Authorized Representative