



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. 000799831		2. Exact name of the Corporation VRS OF FALL RIVER, INC.			
3. Principal office address 30 CUMBERLAND STREET		City WOONSOCKET	State RI	Zip 02895	
4. Business Phone No. 508-207-3835		5. State of Incorporation MASSACHUSETTS			
6. Brief description of the character of business conducted in Rhode Island REHABILITATION SERVICES					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐					
President Name GREGORY STEKMACH			Vice-President Name		
Street Address 30 CUMBERLAND STREET			Street Address		
City WOONSOCKET	State RI	Zip 02895	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) (X BOX FOR ATTACHMENT) ☐					
Director Name JOH PIZZOLATO			Director Name		
Street Address 30 CUMBERLAND STREET			Street Address		
City WOONSOCKET	State RI	Zip 02895	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) ☐					
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.					

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 ONLY

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.

John Pizzolato 02/15/2016
Signature of Authorized Representative Date

JOHN PIZZOLATO - MANAGING PARTNER

Print or Type Name of Authorized Representative

FILED

MAR 17 2016

By 270279