



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. 153475		2. Exact name of the Corporation Matrix Sports Medicine & Physical Therapy, Inc.			
3. Principal office address 176 Eddie Dowling Hwy., Ste 102			City North Smithfield	State RI	Zip 02896
4. Business Phone No. 401-597-5665			5. State of Incorporation Rhode Island		
6. Brief description of the character of business conducted in Rhode Island Physical Therapy					
7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
President Name Victoria K. Hueston			Vice-President Name Victoria K. Hueston		
Street Address 176 Eddie Dowling Hwy., Ste 102			Street Address 176 Eddie Dowling Hwy., Ste 102		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Victoria K. Hueston			Treasurer Name Victoria K. Hueston		
Street Address 176 Eddie Dowling Hwy., Ste 102			Street Address 176 Eddie Dowling Hwy., Ste 102		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Director Name NONE			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
			2,000	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

FILED

MAR 17 2016

5823 DS

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.

Victoria Hueston
 Signature of Authorized Representative

2/23/16
 Date

Victoria Hueston
 Print or Type Name of Authorized Representative

MINUTES OF THE ANNUAL MEETING
OF THE STOCKHOLDERS OF
MATRIX SPORTS MEDICINE &
PHYSICAL THERAPY, INC.

North Smithfield, Rhode Island
February 3, 2016

The annual meeting of the Stockholders of said Corporation was held on the 12th day of February, 2016 at 11:00 a.m., at the office of the Corporation, 176 Eddie Dowling Highway, North Smithfield, Rhode Island, pursuant to the waiver of notice attached and made a part of these minutes and signed by all of the stockholders of the Corporation who were present in person. The President called the meeting to order. Upon motion duly made and seconded, it was unanimously:

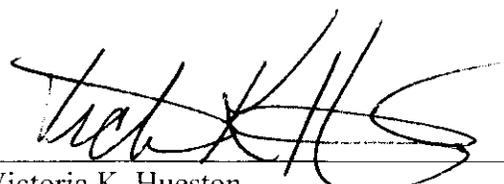
VOTED: All purchases, sales, contracts, contributions, compensation, acts, proceedings by the officers since the last annual meeting of the Stockholders of the Corporation be and the same hereby are approved and ratified.

VOTED: That the following be elected Officers of the Corporation for the ensuing year and until their successors are duly elected and qualified:

President:	Victoria K. Hueston
Vice President:	Victoria K. Hueston
Secretary:	Victoria K. Hueston
Treasurer:	Victoria K. Hueston

There being no further business, the meeting was adjourned.

ATTEST:



Victoria K. Hueston

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MAR 17 2016
BY 5823 DS
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WAIVER OF NOTICE OF THE ANNUAL MEETING
OF THE STOCKHOLDERS OF
MATRIX SPORTS MEDICINE &
PHYSICAL THERAPY, INC.

I, the undersigned, being the sole stockholder of said Corporation, a Rhode Island corporation, do hereby waive all notice of the time, place, and purpose of the annual meeting of the Stockholders of the Corporation, and I do hereby designate the 12th day of February, 2016 at 11:00 a.m., as the time and the office of the Corporation, 176 Eddie Dowling Highway, North Smithfield, Rhode Island, as the place of said meeting, the purpose thereof being to transact any business as may properly come before the meeting.



Victoria K. Hueston

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