RI SOS Filing Number: 201603921730 Date: 08/22/2016 4:00 PM

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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SECRETARY OF STATE
CORPORATIONS DIV

Annual Report for the year: 2016

Corporation

→ Filing period: January 1 - March 1
→ Filing Fee: $50.00
→ Penalty: Additional $25.00 fee if form is not filed by April 1.

1. Entity ID Number	2. Exact name of the Corporation		
000488543	PAPPAS PHYSICAL THERAPY OF WESTERLY, INC.		
3. Principal Office Address	City	State	Zip
1526 Atwood Avenue	Johnston	RI	02919
4. Business Phone Number	5. State of Incorporation		
401-383-5299	Rhode Island		

6. Brief description of the character of business conducted in Rhode Island

Physical therapy services

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name: Michael J. Pappas			Vice-President Name:		
Street Address: 171 Howard Street			Street Address:		
City: Cranston	State: RI	Zip: 02920	City:	State:	Zip:
Secretary Name: Michael J. Pappas			Treasurer Name: Michael J. Pappas		
Street Address: 171 Howard Street			Street Address: 171 Howard Street		
City: Cranston	State: RI	Zip: 02920	City: Cranston	State: RI	Zip: 02920

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
100	Common	No par value

11. 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.

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.

Name of Authorized Representative	Date
Gini Spaziano	8/17/2016

Signature of Authorized Representative

SIGN DOCUMENT HERE

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

AUG 22 2016

By 228/189

FORM 630 - Revised: 05/2016

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