



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Limited Liability Company  
Annual Report**

Filing Period: September 1 - November 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2016

**1. ID No.** 000503949

**2. Exact Name of the Limited Liability Company** Charlestown Physical Therapy and Health Services, LLC

**3. State of Formation**

State: RI

**ARTICLE III**

Using the following NAICS codes, please select the code that best describes your business.

NAICS Code

6

62

**4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island**

PROVIDE PHYSICAL THERAPY AND HEALTH SERVICES TO THE GENERAL PUBLIC, AND ANY OTHER RELATED SERVICES NOT INCONSISTANT THEREWITH.

**5. Principal Office Address**

No. and Street: 3939 OLD POST RD

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name: SARA MICHAUD Contact Title: OWNER

No. and Street: PO BOX 1091

City or Town: CHARLESTOWN

State: RI

Zip: 02813

Country: USA

**7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.  
DO NOT LIST MEMBERS**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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**8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

CYNTHIA GIFFORD 66 MAIN STREET, UNIT 3 WAKEFIELD , RI 02879

**9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 14 Day of September, 2016 at 7:37:36 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.***

By SARA MICHAUD  
Signature of Authorized Person

Form No. 632  
Revised 09/07

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