

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

Division Of Business Services 148 W. River Street Providence RI 02904-2615

(401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2017

- **1. Corporate ID No.** 000104190
- 2. Name of Corporation Community Therapeutix, P.C.
- 3. Street Address Principal Business Office:

No. and Street: 88 NORWICH-NEW LONDON TURNPIKE,

SUITE 1

City or Town: UNCASVILLE State: CT Zip: 06382Country: USA

4. Business Phone No.

860-848-9157

5. State of Incorporation

State: CT

ARTICLE III

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

NAICS Code

6

62

Fee: \$50.00

6. Brief Description of the Character of Business Conducted in Rhode Island

PROFESSIONAL OCCUPATIONAL THERAPY SERVICES.

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

| Title | Individual Name | Address | |
|-----------|-----------------------------|---|--|
| | First, Middle, Last, Suffix | Address, City or Town, State, Zip Code, Country | |
| PRESIDENT | KATHLEEN STELIK | 88 NORWICH NEW LONDON TURNPIKE, SUITE 1 UNCASVILLE, CT 06382 USA | |

8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized Shares Number of Shares | Total Issued and Outstanding Num of Shares |
|----------------|-----------------|---------------------|--|--|
| CNP | | \$0.0000 | 20,000.00 | 2141 |

9. 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.

Signed this 20 Day of January, 2017 at 9:32:39 AM. 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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.

By **SHARON MUELLER**

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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