



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017

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 66148		2. Exact name of the Corporation Silk Physical Therapy Center, Inc.			
3. Principal Office Address 167 Gano Street		City Providence		State RI	Zip 02906
4. NAICS Code 62 - Health Care and Social As		6. Brief description of the character of business conducted in Rhode Island To engage in the practice of physical therapy.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Alan N. Silk			Vice-President Name NONE		
Street Address 167 Gano Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Secretary Name Alan N. Silk			Treasurer Name Alan N. Silk		
Street Address 167 Gano Street			Street Address 167 Gano Street		
City Providence	State RI	Zip 02906	City Providence	State RI	Zip 02906
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Alan N. Silk			Director Name		
Street Address 167 Gano Street			Street Address		
City Providence	State RI	Zip 02906	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			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 Alan N. Silk, President			JAN 23 2017		Date 1/18/17
Signature of Authorized Representative <i>Alan N. Silk</i>			BY <i>4449 RS</i> SIGN DOCUMENT HERE		