



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 Ass		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				Date JAN 23 2017	Date 1/18/17	
Signature of Authorized Representative <i>Alan N. Silk</i>				BY <i>Alan N. Silk</i> SIGN DOCUMENT HERE		

MAIL TO:
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 Website: www.sos.ri.gov