



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 <b>130074</b>		2. Exact name of the Corporation <b>Healy Physical Therapy and Sports Medicine, Inc.</b>			
3. Principal Office Address <b>927 Warren Avenue</b>			City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
4. NAICS Code <b>62 - Health Care and Social Ass</b>		6. Brief description of the character of business conducted in Rhode Island <b>Rendering Professional Physical Therapy Services</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>Michael P. Healy</b>			Vice-President Name		
Street Address <b>368 Juniper Street</b>			Street Address		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City	State	Zip
Secretary Name <b>Michael P. Healy</b>			Treasurer Name <b>Michael P. Healy</b>		
Street Address <b>368 Juniper Street</b>			Street Address <b>368 Juniper Street</b>		
City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>	City <b>East Providence</b>	State <b>RI</b>	Zip <b>02914</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State.  Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	
		<b>50</b>	<b>Common</b>	<b>No Par Value</b>	
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.					
<b>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.</b>					
Name of Authorized Representative <b>Michael P. Healy, President</b>					Date <b>01/16/2017</b>
Signature of Authorized Representative 					

**FILED**

**JAN 25 2017**

By 8749

*KLM*