



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

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. 001659917

2. Name of Corporation Select Medical Rehabilitation Services, Inc.

3. Street Address Principal Business Office:

No. and Street: 33533 W. 12 MILE ROAD  
SUITE 290

City or Town: FARMINGTON HILLS State: MI Zip: 48331 Country: USA

4. Business Phone No.

5. State of Incorporation

State: DE

ARTICLE III

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

NAICS Code

6

81

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

MEDICAL REHABILITATION SERVICES

7. Names and Addresses of the Officers and Directors:

**All officers and directors must be listed.**

| Title     | Individual Name<br>First, Middle, Last, Suffix | Address<br>Address, City or Town, State, Zip Code, Country         |
|-----------|--|--|
| PRESIDENT | SIMON BACHLEDA                                 | 33533 W. 12 MILE ROAD, SUITE 290<br>FARMINGTON HILLS, MI 48331 USA |

|           |                   |   |
|-----------|-------------------|---|
| SECRETARY | ANDREW WELCH      | 33533 W. 12 MILE ROAD,SUITE 290<br>FARMINGTON HILLS, MI 48331 USA |
| DIRECTOR  | SIMON BACHLEDA    | 33533 W. 12 MILE ROAD,SUITE 290<br>FARMINGTON HILLS, MI 48331 USA |
| DIRECTOR  | LINDA SHACKELFORD | 33533 W. 12 MILE ROAD,SUITE 290<br>FARMINGTON HILLS, MI 48331 USA |
| DIRECTOR  | ANDREW WELCH      | 33533 W. 12 MILE ROAD,SUITE 290<br>FARMINGTON HILLS, MI 48331 USA |

#### 8. Shares Authorized and Issued

| Class of Stock | Series of Stock | Par Value Per Share | Total Authorized<br>Shares<br><i>Number of Shares</i> | Total Issued<br>and<br>Outstanding<br><i>Num of<br/>Shares</i> |
|----------------|-----------------|---------------------|---|--|
| CWP            |                 | \$0.0100            | 1,000.00  | 1000   |

**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 6 Day of February, 2017 at 5:13:52 PM.** *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 RYAN NELSON  
Signature of Authorized Representative of the Corporation

Form No. 630  
Revised 09/07

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