

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

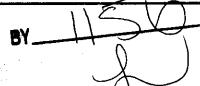
1. Entity ID Number 931965	1	2. Exact name of the Corporation Francis J. George PT and Associates, Inc.					
3. Principal Office Address 256 Harriet Lane			City Cumberland		State RI	Zip 02864	
4. Business Phone Number:	6. Brief desc	ription of the chara	cter of business c	onducted in Rhode	Island	<u> </u>	
401-333-8937	Physical th	Physical therapy services					
5. State of Incorporation RI							
7. List ALL officers (names a	nd addresses)			Chec	k the box to in	ndicate an attachment	
President Name Karen G. Lyl	es			Karen G. Ly	/les		
Street Address 256 Harriet La			Street Address	256 Harriet Lane			
City Cumberland	State RI	^{Zip} 02864	City Cumberland		State RI	^{Zip} 02864	
Secretary Name Karen G. Lyles			Treasurer Name Karen G. Lyles				
Street Address 256 Harriet Lane			Street Address 256 Harriet Lane				
^{City} Cumberland	State RI	^{Zip} 02864	City Cumberland		State RI	^{Zip} 02864	
8. List ALL directors (names	and addresses)		•		k the box to it	ndicate an attachment 🔃	
Director Name Karen G. Lyle	S		Director Name	•			
Street Address 256 Harriet La	ıne		Street Address	3			
City Cumberland	State RI	^{Zip} 02864	City		State	Zip	
Director Name	· · · · · · · · · · · · · · · · · · ·	. •	Director Name				
Street Address	Street Address						
City	State	Zip	City		State	Zip	
9. Shares Authorized		10. Shares Is	sued	Chec	k the box to ir	ndicate an attachment	
This information is currently of record in the Department of State.			NUMBER OF SHARES		ASS/SERIES PAR VALUE		
		1000		Common		.01	
Changes require an additional	filing.						
11. This report must be executrustee, this report must be e					oration is in t	he hands of a receiver or	
Under penalty of perjury, I	declare and affirm	that I have examir	ed this report, it	ncluding any acco	mpanying so	chedules and	
statements, and that all sta Name of Authorized Represe		herein are true a	nd correct.	- FD	Date		
Karen G. Lyles	en Ha	Kolest	<u> </u>	FILED	2/8	1/7	
Signature of Authonzed Repr	esentative	por por	65	FEB 1 3 2017		7	

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov



FORM 630 - Revised: 08/2016