



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>71289</b>		2. Exact name of the Corporation <b>Marcotte Physical Therapy, Inc.</b>												
3. Principal Office Address <b>501 Great Road, Suite 108</b>			City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>									
4. NAICS Code <b>62 - Health Care and Social As</b>		6. Brief description of the character of business conducted in Rhode Island <b>Comprehensive Physical Therapy and all things related</b>												
5. State of Incorporation <b>RI</b>														
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
President Name <b>Daniel R. Marcotte</b>			Vice-President Name <b>Kimberly J. Wright</b>											
Street Address <b>501 Great Road, Suite 108</b>			Street Address <b>501 Great Road, Suite 108</b>											
City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>	City <b>North Smithfield</b>	State <b>RI</b>	Zip <b>02896</b>									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
This information is currently of record in the Department of State.  Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td><b>500</b></td> <td><b>Common</b></td> <td><b>None</b></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	<b>500</b>	<b>Common</b>	<b>None</b>			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
<b>500</b>	<b>Common</b>	<b>None</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>Daniel R. Marcotte</b>					Date <b>2/23/2017</b>									
Signature of Authorized Representative <i>Daniel R. Marcotte</i>														

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

MAR 6 2017

BY 297499

FORM 630 - Revised: 02/2017