



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 71289		2. Exact name of the Corporation Marcotte Physical Therapy, Inc.			
3. Principal Office Address 501 Great Road, Suite 108		City North Smithfield		State RI	Zip 02896
4. NAICS Code 62 - Health Care and Social As	6. Brief description of the character of business conducted in Rhode Island Comprehensive Physical Therapy and all things related				
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Daniel R. Marcotte			Vice-President Name Kimberly J. Wright		
Street Address 501 Great Road, Suite 108			Street Address 501 Great Road, Suite 108		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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 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
		500	Common	None	
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 Daniel R. Marcotte					Date 2/23/2017
Signature of Authorized Representative 					

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

FILED
BY 297499

FORM 630 - Revised: 02/2017