



State of Rhode Island and Providence Plantations  
Department of State - Business Services Division

**STAMP**

FOR

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>104811</b>		2. Exact name of the Corporation <b>Body Mechanix Physical Therapy, Inc.</b>			
3. Principal Office Address <b>163 Main Street</b>		City <b>Wakefield</b>		State <b>RI</b>	Zip <b>02879</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>To carry on, conduct and provide physical therapy services and other medical rehabilitation services.</b>			
5. State of Incorporation <b>Rhode Island</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>Karen A. Agostinucci</b>			Vice-President Name <b>None</b>		
Street Address <b>34 South Glen Court</b>			Street Address		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City	State	Zip
Secretary Name <b>Karen A. Agostinucci</b>			Treasurer Name <b>Karen A. Agostinucci</b>		
Street Address <b>34 South Glen Court</b>			Street Address <b>34 South Glen Court</b>		
City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>	City <b>Wakefield</b>	State <b>RI</b>	Zip <b>02879</b>
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>500</b>	<b>Common</b>	<b>No Par</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>Karen A. Agostinucci</b>					Date <b>3/20/17</b>
Signature of Authorized Representative <i>Karen A. Agostinucci</i>					

SIGN DOCUMENT HERE

**FILED** *DB*

**MAR 23 2017**

BY 3203

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: 02/2017