RI SOS Filing Number: 201751328940 Date: 10/11/2017 11:20:00 AM

State of Rhode Island and Providence Plantations

MAIL TO:

**Division of Business Services** 

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

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

**Department of State - Business Services Division** 

Annual Report for the y Limited Liability Comp  → Filing period: Septembe  → Filing Fee: \$50.00  → Penalty: Additional \$25.0	<b>any</b> r 1 - Novemb	er 1	mber 1.	_	TII AMIT
1. Entity ID Number	2. Exact name of the Limited Liability Company				
000150801	LEFRE PHYSICAL THERAPY of Contalano LC				
3. NAICS Code	4. Brief description of the character of business conducted in Rhode Island				
62/399 5 State of Formation RT	PHYSICAL KERAPY PRACTICE				
6. Principal Office Address			City	State	Zip
1100 RESERVOIZAVE	Po B	x 20372	(RAISTON	RI	02920
7. Mailing Address of Limited Li	ability Compa	ny and Name or Titl	le of Contact Person	<u> </u>	•
Contact Name ED WARD F. YAZBAK			City North Smithfield State RI Zip 02896		
Street Address SOI GREAT GOST Unit #106			· · · · · · · · · · · · · · · · · · ·		
8. List ALL managers (names and addresses) of the Limited Liab Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zıp	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
	1 .		Che	eck the box to in	dicate an attachment
9. Resident Agent in Rhode Isla	ind. This inform	ation is currently of re	cord with the Department of State, Cha	inges require filing	Form 642.
Under penalty of perjury, I de statements, and that all state			mined this report, including any e and correct.	accompanying	schedules and
Name of Authorized Person				Date	
En-Art V. YA 20ML CPA MS: Signature of Authorized Person  K Och MS:				10-11-2017	
Signature of Authorized Person	K	SH MIT		•	···

**FILED** 

OCT 1 1 2017

FORM 632 - Revised: 08/2017