



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

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 R.I. DEPT. OF STATE
 BUS SVCS DIV
 2017 OCT 11 AM

Annual Report for the year: 2016
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 000150801		2. Exact name of the Limited Liability Company LEPRE PHYSICAL THERAPY of Cumberland LLC			
3. NAICS Code 621399		4. Brief description of the character of business conducted in Rhode Island PHYSICAL THERAPY PRACTICE			
5. State of Formation RI					
6. Principal Office Address 1100 RESERVOIR AVE. - PO Box 20372		City CRAWFORD	State RI	Zip 02920	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name EDWARD F. YAZBARK			Contact Title CPA/ACCOUNTANT		
Street Address 501 GREAT ROAD Unit #106		City North Smithfield	State RI	Zip 02896	
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person EDWARD F. YAZBARK CPA MST				Date 10-11-2017	
Signature of Authorized Person <i>[Signature]</i> CPA MST					

MAIL TO:
 Division of Business Services
 148 W. River Street, Providence, Rhode Island 02904-2615
 Phone: (401) 222-3040
 Website: www.sos.ri.gov

FILED

BY *[Signature]* 19580334
 OCT 11 2017
 FORM 632 - Revised: 08/2017

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