



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

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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 <u>000150801</u>		2. Exact name of the Limited Liability Company <u>LEPRE PHYSICAL THERAPY of Cumberland LLC</u>			
3. NAICS Code <u>621399</u>		4. Brief description of the character of business conducted in Rhode Island <u>PHYSICAL THERAPY PRACTICE</u>			
5. State of Formation <u>RI</u>					
6. Principal Office Address <u>1100 RESERVOIR AVE. - PO Box 20372</u>		City <u>CRAWFORD</u>		State <u>RI</u>	Zip <u>02920</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <u>EDWARD F. YAZBARK</u>			Contact Title <u>CPA/ACCOUNTANT</u>		
Street Address <u>501 GREAT ROAD Unit #106</u>			City <u>NORTH SMITHFIELD</u>	State <u>RI</u>	Zip <u>02896</u>
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 <u>EDWARD F. YAZBARK CPA MGT</u>				Date <u>10-11-2017</u>	
Signature of Authorized Person <u>[Signature]</u> CPA MGT					

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

OCT 11 2017
BY 419580334
FORM 632 - Revised: 08/2017
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