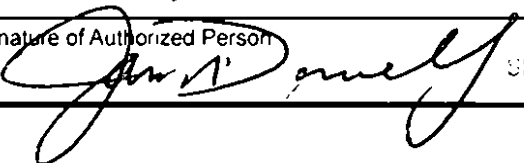




State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2017
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 000149593		2. Exact name of the Limited Liability Company Lepre Physical Therapy of North Providence, LLC			
3. NAICS Code 81 2990		4. Brief description of the character of business conducted in Rhode Island Office and Medical Use			
5. State of Formation Rhode Island					
6. Principal Office Address 67 Wright Lane			City Jamestown	State RI	Zip 02835
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Stephen P. Lepre			Contact Title Member		
Street Address 67 Wright Lane			City Jamestown	State RI	Zip 02835
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.					
<i>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.</i>					
Name of Authorized Person James A. Donnelly				Date 10-11-2017	
Signature of Authorized Person 					

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 13 2017
 BY 7944 DS