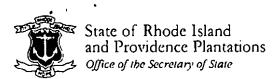
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A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2017

Filing Period: September 1 - November 1 - Filing Fee: \$50.00* - THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.

* In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law

1. ID No 151612		Exact name of the limited liability company. OCUS PHYSICAL THEREPY, LLC					
3. State of Formation 4. Brief description of the character of the histine Physical therepy services			usiness which is actually conducted in	rss which is actually conducted in Rhode Island			
5. Principal office address 85 Beach Street., Lower Level D				Ciņ: Westerly	State RI	<i>zφ</i> 02891	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAM Contact Name Janice Chamberlain				D NAME OR TITLE OF CONTA Contact Title Owner	Contact Title		
Street Address 35 Beach Street, Lower Leel D				<i>C</i> որ։ Westerly	Siaic RI	^{2மு} 02891	
7. NAME AND A	ADDRESS OF I			ED LIABILITY COMPANY, IF A			
stanager Name				Hanager Name	Manager Name		
Street Address			•••	Street Address			
City	7	State	Zip	City	State	Ζφ	
Manager Name				Manager Name	Manager Name		
Street Address				Street Address	Street Address		
Ciņ·		State	Zip	City	State	Ζψ	
8. RESIDENT AC	GENT IN RHO	DE ISLAND)	of State. Changes require filing		, , ,	

This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (

151612

File Date	
Check No.	
Ву:	
	FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this repor
including any accompanying schedules and statements, and that all statement
containt@herein are true and correct.