



State of Rhode Island  
and Providence Plantations  
Office of the Secretary of State

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 (R.I.G.L. 7-16-66 (b)(e)) is subject to a penalty fee of \$25.00.

|   |       |  |                        |             |              |
|---|-------|--|------------------------|-------------|--------------|
| 1. ID No<br>151612  |       | 2. Exact name of the limited liability company<br>FOCUS PHYSICAL THEREPY, LLC  |                        |             |              |
| 3. State of Formation<br>Rhode Island   |       | 4. Brief description of the character of the business which is actually conducted in Rhode Island<br>Physical therapy services |                        |             |              |
| 5. Principal office address<br>85 Beach Street., Lower Level D  |       |  | City<br>Westerly       | State<br>RI | Zip<br>02891 |
| 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:  |       |  |                        |             |              |
| Contact Name<br>Janice Chamberlain  |       |  | Contact Title<br>Owner |             |              |
| Street Address<br>85 Beach Street, Lower Leel D   |       |  | City<br>Westerly       | State<br>RI | Zip<br>02891 |
| 7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - <b>DO NOT LIST MEMBERS</b><br>FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> |       |  |                        |             |              |
| 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          |
| 8. RESIDENT AGENT IN RHODE ISLAND<br>This information is currently of record in the Office of the Secretary of State. Changes require filing of Form 642 - R.I.G.L. 7-16-11                                   |       |  |                        |             |              |

**FILED**

OCT 24 2017

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

BY

5440

151612

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.

Janice Chamberlain 10/18/17  
Signature of Authorized Person Date

Janice E. Chamberlain  
Print or Type Name of Authorized Person

|                                 |
|---------------------------------|
| File Date _____                 |
| Check No. _____                 |
| By: _____                       |
| FOR SECRETARY OF STATE USE ONLY |