



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

Annual Report for the year: **2018**
Corporation

- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

JAN 18 2018

BY

1. Entity ID Number 12677 7		2. Exact name of the Corporation Specialized Orthopedic Physical Therapy, Inc.			
3. Principal Office Address 250A Centerville Road		City Warwick		State RI	Zip 02886
4. NAICS Code 621340	6. Brief description of the character of business conducted in Rhode Island To perform all aspects of physical therapy including but not limited to general orthopedic to general sports medicine.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jason M. Ulisse			Vice-President Name Jason M. Ulisse		
Street Address 212 Wilbur Way			Street Address same as above		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Jason M. Ulisse			Treasurer Name Jason M. Ulisse		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized Check the box to indicate an attachment <input type="checkbox"/>					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued		
			NUMBER OF SHARES 100	CLASS/SERIES common	PAR VALUE no par value
11. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee. 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 Representative Jason M. Ulisse, President				Date 1/11/18	
Signature of Authorized Representative <i>Jason Ulisse</i>				SIGN DOCUMENT HERE	