



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.

1. Entity ID Number <u>000112362</u>		2. Exact name of the Corporation <u>Whole Health Physical Therapy, Inc.</u>			
3. Principal Office Address <u>401 East Ave. STE 150</u>		City <u>Pawtucket</u>		State <u>RI</u>	Zip <u>02860</u>
4. NAICS Code <u>621340</u>		6. Brief description of the character of business conducted in Rhode Island <u>out-patient Physical Therapy Rehabilitative Services</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>Elizabeth Demers</u>			Vice-President Name <u>Denise Leclaire</u>		
Street Address <u>641 Maple Ave.</u>			Street Address <u>200 Farm St.</u>		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>Blackstone</u>	State <u>MA</u>	Zip <u>01504</u>
Secretary Name <u>Elizabeth Demers</u>			Treasurer Name <u>Denise Leclaire</u>		
Street Address <u>641 Maple Ave.</u>			Street Address <u>200 Farm St.</u>		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>Blackstone</u>	State <u>MA</u>	Zip <u>01504</u>
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name <u>Elizabeth Demers</u>			Director Name <u>Denise Leclaire</u>		
Street Address <u>641 Maple Ave.</u>			Street Address <u>200 Farm St.</u>		
City <u>Barrington</u>	State <u>RI</u>	Zip <u>02806</u>	City <u>Blackstone</u>	State <u>MA</u>	Zip <u>01504</u>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued 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.			NUMBER OF SHARES		CLASS/SERIES
			1,000 no 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. <u>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.</u>					
Name of Authorized Representative <u>Denise Leclaire</u>				Date <u>1/3/18</u>	
Signature of Authorized Representative <u>Denise Leclaire</u>				SIGN DOCUMENT HERE	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

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FORM 630 - Revised: 10/2017