



**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.

RECEIVED  
 SECRETARY OF STATE  
 CORPORATIONS DIV  
 2018 JAN 24 PM 4:21

1. Entity ID Number <b>95821</b>		2. Exact name of the Corporation <b>TherapyWorks, Inc.</b>			
3. Principal Office Address <b>1525 Old Louisquisset Pike Building A, Suite 203</b>			City <b>Lincoln</b>	State <b>RI</b>	Zip <b>02865</b>
4. NAICS Code <b>621340</b> <b>62- Health Care</b>		6. Brief description of the character of business conducted in Rhode Island <b>Contracted occupational therapy services in the school setting.</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Kim M. Gilbert</b>			Vice-President Name <b>Kim M. Gilbert</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
<b>RI</b>	<b>02852</b>				
Secretary Name <b>Kim M. Gilbert</b>			Treasurer Name <b>Kim M. Gilbert</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>Kim M. Gilbert</b>			Director Name		
Street Address <b>99 Mark Drive</b>			Street Address		
City	State	Zip	City	State	Zip
<b>North Kingstown</b>	<b>RI</b>	<b>02852</b>			
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized					
This information is currently of record in the Department of State.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIALS	
		PAR VALUE			
		10			
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.					
<b>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.</b>					
Name of Authorized Representative <b>Kim M. Gilbert</b>				Date <b>1/21/2018</b>	
Signature of Authorized Representative 					

SGM DOCUMENT HERE

**FILED**