




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.

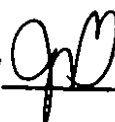
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SECRETARY OF STATE  
CORPORATIONS DIV

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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 <b>RI</b>	Zip <b>02852</b>	City	State	Zip
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 <b>North Kingstown</b>	State <b>RI</b>	Zip <b>02852</b>	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.  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 					

FILED

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