RI SOS Filing Number: 201857087390 Date: 1/29/2018 4:00:00 PM

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 Corporate ID No	2 Name of Corporation
118550	Warwick Avenue Physical Therapy, Inc.

3 Street Address Principal Business Office	City	State	Zip
1030 Warwick Avenue	Warwick	RI	02874

4 NAICS Code	5 State of Incorporation
621340	Rhode Island

6 Brief Description of the Character of Business Conducted in Rhode Island
Physical therapy services, any ancillary purposes, and all other lawful purposes.

7. NAMES AND ADDRESSES OF THE OFFICERS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Vice President Name
Matthew L. Smith	
Street Address: 1030 Warwick Avenue	Street Address
City: Warwick; State: RI; Zip: 02874	City; State; Zip
Secretary Name	**Treasurer Name**
Matthew L. Smith	Matthew L. Smith
Street Address: 1030 Warwick Avenue	Street Address: 1030 Warwick Avenue
City: Warwick; State: RI; Zip: 02874	City: Warwick; State: RI; Zip: 02874

8. NAMES AND ADDRESSES OF THE DIRECTORS: *("X" BOX FOR ATTACHMENT)* ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Director Name
Matthew L. Smith	
Street Address: 1030 Warwick Avenue	Street Address
City: Warwick; State: RI; Zip: 02874	City; State; Zip
Director Name	Director Name
Street Address	Street Address
City; State; Zip	City; State; Zip

9. SHARES AUTHORIZED: *("X" BOX FOR ATTACHMENT)* ☐

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED: *("X" BOX FOR ATTACHMENT)* ☐

ISSUED SHARES – THIS SECTION MUST BE COMPLETED

Number of Shares	Class Series	Par Value
100 shares of $5.00 par value common stock		

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.

Signature 1/22/18 Date

Matthew L. Smith
Print or Type Name

President
Title

FILED

JAN 29 2018

BY 1638 05

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

Form 630 Revised: 10/2016