AMENDED



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

STAMP

Annual Report for the year: 2017

Limited Liability Company

- → Filing period: September 1 November 1
- → Filing Fee: \$50.00
- → Penalty Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number	2. Exact n	2. Exact name of the Limited Liability Company				
698130	Beyo	Beyond Basics Rehabilitation LLC				
3. NAICS Code	1	Brief description of the character of business conducted in Rhode Island PHYSICAL THERAPY				
671340	PHYSICA					
5. State of Formation						
RHODE ISLAND						
6. Principal Office Address			City	State	Zip	
155 Jefferson Boulevard			Warwick	RI	02888	
7. Mailing Address of Limited	Liability Compa	any and Name or		•	•	
Contact Name Tracie A. DelSesto			Contact Title MEMBER			
Street Address 155 Jefferson Boulevard			City Warwick	State RI	Zi ©2888	
8. List ALL managers (names	s and addresse	s) of the Limited	Liability Company, IF APPLICA	ABLE - DO NOT LIST		
Manager Name			Manager Name 2000円 スタースタースタースタースタースタースタースタースタースタースタースタースタース			
Street Address			Street Address			
City	State	Zıp	City	State	Zip	
Manager Name			Manager Name	•	N 177	
Street Address			Street Address			
City	State	Zip	City	State	Zıp	
		<u>I</u>	<u></u>	Check the box to	indicate an attachment	
9. Resident Agent in Rhode Is	sland. This infor	mation is currently	of record with the Department of S	tate. Changes require fil	ing Form 642.	
Under penalty of perjury, I o statements, and that all sta			examined this report, includi true and correct.	ng any accompanyi	ng schedules and	
Name of Authorized Person				Date 1	1	
Tracie A. DelSesto				1/24	4/14	
Signature of Authorized Person	on	. A i cici	NI DOUBLES EILED	7	<i>1</i>	
Marie	1 Del	1/2010	N DOCUMEN FILED			
	/	/	JAN & & SOLO			
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MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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