



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.

FILED

JAN 31 2018

BY

1346

1. Entity ID Number 000071289		2. Exact name of the Corporation Marcotte Physical Therapy, Inc.												
3. Principal Office Address 501 Great Road, Suite 108			City North Smithfield	State RI	Zip 02896									
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island All nature of things having to do with Physical therapy												
5. State of Incorporation Ri														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name Daniel R. Marcotte			Vice-President Name Kimberly J. Wright											
Street Address 501 Great Road			Street Address 501 Great Road											
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896									
Secretary Name			Treasurer Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name			Director Name											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
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.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>500</td> <td>CNP</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	500	CNP	0.00			
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
500	CNP	0.00												
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.														
Name of Authorized Representative Rita Turcotte, Attorney at Law				Date 1/29/18										
Signature of Authorized Representative Rita A. Turcotte				SIGN DOCUMENT HERE										