



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Annual Report for the year: 2018
Corporation

STAMP

FOR
 SECRETARY OF STATE
 USE ONLY

- Filing period: January 1 - March 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by April 1.

1. Entity ID Number 509404		2. Exact name of the Corporation Complete Body Physical Therapy PC			
3. Principal Office Address 1452 Bronco Highway			City Burrillville	State RI	Zip 02830
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island Comprehensive physical therapy services, including massage therapy, certified personal training and nutrition and wellness consultation			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Melissa L. Escobar			Vice-President Name		
Street Address 1452 Bronco Highway			Street Address		
City Burrillville	State RI	Zip 02830	City	State	Zip
Secretary Name Melissa L. Escobar			Treasurer Name Melissa L. Escobar		
Street Address 1452 Bronco Highway			Street Address 1452 Bronco Highway		
City Burrillville	State RI	Zip 02830	City Burrillville	State RI	Zip 02830
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Melissa L. Escobar			Director Name		
Street Address 1452 Bronco Highway			Street Address		
City Burrillville	State RI	Zip 02830	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.		NUMBER OF SHARES		CLASS/SERIES	
		10		Common	
				PAR VALUE	
				No Par Value	
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 Melissa L. Escobar					Date 2/1/18
Signature of Authorized Representative <i>Melissa Escobar</i>					SIGN DOCUMENT HERE

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

FILED
FEB 18 2018
 BY 11314 DS