



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. Entity ID Number 113204		2. Exact name of the Corporation COVENTRY PHYSICAL THERAPY AND SPORTS MEDICINE, INC.			
3. Principal Office Address 66 NOOSENECK HILL ROAD		City WEST GREENWICH		State RI	Zip 02816
4. NAICS Code 1021340		6. Brief description of the character of business conducted in Rhode Island To provide physical therapy services			
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 Marybeth McGovern		Vice-President Name Marybeth McGovern			
Street Address 94 Chaplin Drive		Street Address 94 Chaplin Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
Secretary Name Marybeth McGovern		Treasurer Name Marybeth McGovern			
Street Address 94 Chaplin Drive		Street Address 94 Chaplin Drive			
City Coventry	State RI	Zip 02816	City Coventry	State RI	Zip 02816
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name None		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			
This information is currently of record in the Department of State. Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		1000	Common	NO PAR	
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 MARYBETH MCGOVERN, PRESIDENT					Date
Signature of Authorized Representative <i>Marybeth McGovern</i>					Date

FILED

MAR 12 2018

BY 4257 DS