



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

FILED

OCT 10 2018

Annual Report for the year: **2018**

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.

BY

106

[Signature]

1. Entity ID Number 001679328		2. Exact name of the Limited Liability Company Hopeworth Physical Therapy, LLC			
3. NAICS Code 621340		4. Brief description of the character of business conducted in Rhode Island Physical Therapy services provided in patient's homes on a fee-for-service basis			
5. State of Formation RI					
6. Principal Office Address 2 Ruth Ave.		City Bristol		State RI	Zip 02809
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Melinda Allaire			Contact Title Owner		
Street Address 2 Ruth Ave.		City Bristol		State RI	Zip 02809
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Manager Name			Manager Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Check the box to indicate an attachment ☐					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642					
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 Person Melinda M. Allaire				Date 10/11/18	
Signature of Authorized Person <i>Melinda M. Allaire</i>				SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services

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