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State of Rhode Island and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2617
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2019

Filing Period: January 1 - March 1 • **Filing Fee:** $50.00* • **THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK.**

** In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of $25.00.*

1. Corporate ID No.	2. Name of Corporation
1661695	Academy Physical Therapy, Inc.

3. Street Address Principal Business Office	City	State	Zip
667 Academy Avenue	Providence	RI	02908

4. Business Phone No.	5. State of Incorporation
	Rhode Island

5. Brief Description of the Character of Business Conducted in Rhode Island
Out patient facility providing physical therapy and rehabilitative services

7. NAMES AND ADDRESSES OF THE OFFICERS (X) BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name	Street Address	City	State	Zip
Nicholas Bruno	667 Academy Avenue	Providence	RI	02908

Vice President Name	Street Address	City	State	Zip
Dennis Lanni	667 Academy Avenue	Providence	RI	02908

Secretary Name	Street Address	City	State	Zip
Nicholas Bruno	667 Academy Avenue	Providence	RI	02908

Treasurer Name	Street Address	City	State	Zip
Dennis Lanni	667 Academy Avenue	Providence	RI	02908

8. NAMES AND ADDRESSES OF THE DIRECTORS (X) BOX FOR ATTACHMENT ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name	Street Address	City	State	Zip
Dennis Lanni	667 Academy Avenue	Providence	RI	02908

Director Name	Street Address	City	State	Zip
Nicholas Bruno	667 Academy Avenue	Providence	RI	02908

Director Name	Street Address	City	State	Zip

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.

10. SHARES ISSUED (X) BOX FOR ATTACHMENT ☐

ISSUED SHARES — THIS SECTION MUST BE COMPLETED

Number of Shares	Class/Series	Par Value
1,000	Common	No Par
THIS SECTION MUST BE COMPLETED		

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.

[redacted]

FILED
JAN 24 2019

[redacted]

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.

File Date	
Check No.	00342
By	

FOR SECRETARY OF STATE USE ONLY

Signature *Date* 1/11/19

Dennis Lanni
Print or Type Name

Vice President
Title

[redacted]

Form 630 Rev. 08/08