



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 02904-261  
401.222.304

**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(e)) is subject to a penalty fee of \$25.00.

1. Corporate ID No. 1661695		2. Name of Corporation Academy Physical Therapy, Inc.		
3. Street Address Principal Business Office 667 Academy Avenue		City Providence	State RI	Zip 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 (CHECK BOX FOR ATTACHMENT)  FILL IN SPACES BEFORE USING ATTACHMENTS**

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

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

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

**9. SHARES AUTHORIZED  10. SHARES ISSUED (CHECK BOX FOR ATTACHMENT)**

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.	ISSUED SHARES — THIS SECTION MUST BE COMPLETED		
	Number of Shares 1,000	Class/Series Common	Par Value No Par
	<b>THIS SECTION MUST BE COMPLETED</b>		

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.

**FILED**

JAN 24 2019

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.

0034 22

Signature: *[Signature]* Date: 1/11/19  
Dennis Lanni  
Vice President

FOR SECRETARY OF STATE USE ONLY

File Date: \_\_\_\_\_  
Check No.: \_\_\_\_\_  
By: \_\_\_\_\_