



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

**Annual Report for the year: 2019 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 <b>001662639</b>		2. Exact name of the Corporation <b>QUALITY PHYSICAL THERAPY, INC</b>			
3. Principal Office Address <b>179 MAIN STREET</b>			City <b>STURBRIDGE</b>	State <b>MA</b>	Zip <b>01566</b>
4. NAICS Code <b>621340</b>		6. Brief description of the character of business conducted in Rhode Island <b>WELLNESS AND INJURY PREVENTION CONSULTATION</b>			
5. State of Incorporation <b>MA</b>					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name <b>CHERYL WILBUR</b>			Vice-President Name		
Street Address <b>179 MAIN STREET</b>			Street Address		
City <b>STURBRIDGE</b>	State <b>MA</b>	Zip <b>01566</b>	City	State	Zip
Secretary Name <b>CHERYL WILBUR</b>			Treasurer Name <b>CAROL TSCHIRPKE</b>		
Street Address <b>179 MAIN STREET</b>			Street Address <b>179 MAIN STREET</b>		
City <b>STURBRIDGE</b>	State <b>MA</b>	Zip <b>01566</b>	City <b>STURBRIDGE</b>	State <b>MA</b>	Zip <b>01566</b>
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name <b>CHERYL WILBUR</b>			Director Name <b>CAROL TSCHIRPKE</b>		
Street Address <b>179 MAIN STREET</b>			Street Address <b>179 MAIN STREET</b>		
City <b>STURBRIDGE</b>	State <b>MA</b>	Zip <b>01566</b>	City <b>STURBRIDGE</b>	State <b>MA</b>	Zip <b>01566</b>
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
		100		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. <i>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.</i>					
Name of Authorized Representative <b>✓ Cheryl Wilbur</b>				FILED	Date <b>✓ 1/24/19</b>
Signature of Authorized Representative <b>✓ Cheryl Wilbur</b>				SIGN DOCUMENT HERE <b>JAN 28 2019</b> <b>BY 10414 DS</b>	

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