



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 001662639		2. Exact name of the Corporation QUALITY PHYSICAL THERAPY, INC				
3. Principal Office Address 179 MAIN STREET			City STURBRIDGE	State MA	Zip 01566	
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island WELLNESS AND INJURY PREVENTION CONSULTATION				
5. State of Incorporation MA						
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
President Name CHERYL WILBUR			Vice-President Name			
Street Address 179 MAIN STREET			Street Address			
City STURBRIDGE	State MA	Zip 01566	City	State	Zip	
Secretary Name CHERYL WILBUR			Treasurer Name CAROL TSCHIRPKE			
Street Address 179 MAIN STREET			Street Address 179 MAIN STREET			
City STURBRIDGE	State MA	Zip 01566	City STURBRIDGE	State MA	Zip 01566	
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>	
Director Name CHERYL WILBUR			Director Name CAROL TSCHIRPKE			
Street Address 179 MAIN STREET			Street Address 179 MAIN STREET			
City STURBRIDGE	State MA	Zip 01566	City STURBRIDGE	State MA	Zip 01566	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. Shares Authorized		10. Shares issued				Check the box to indicate an attachment <input type="checkbox"/>
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 ✓ Cheryl Wilbur				FILED	Date ✓ 1/24/19	
Signature of Authorized Representative ✓ Cheryl Wilbur				SIGN DOCUMENT HERE JAN 28 2019 BY 10414 DS		

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov