



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 41926		2. Exact name of the Corporation Rhode Island Rehabilitation Institute, Inc.			
3. Principal Office Address 721 Reservoir Ave			City Cranston	State RI	Zip 02910
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PHYSICAL THERAPY AND OTHER MEDICAL REHABILITATION SERVICES.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Henry Sisun			Vice-President Name		
Street Address 721 Reservoir Ave			Street Address		
City Cranston	State Ri	Zip 02910	City	State	Zip
Secretary Name Henry Sisun			Treasurer Name Henry Sisun		
Street Address 721 Reservoir Ave			Street Address 721 Reservoir Ave		
City Cranston	State RI	Zip 02910	City Cranston	State RI	Zip 02910
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
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		
			4000		
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 Henry Sisun					Date 12/20/2018
Signature of Authorized Representative 					