



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 153475		2. Exact name of the Corporation Matrix Sports Medicine & Physical Therapy, Inc.			
3. Principal Office Address 445 Saint Paul Street		City North Smithfield		State RI	Zip 02896
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island Physical Therapy			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Victoria K. Hueston			Vice-President Name Victoria K. Hueston		
Street Address 445 Saint Paul Street			Street Address 445 Saint Paul Street		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
Secretary Name Victoria K. Hueston			Treasurer Name Victoria K. Hueston		
Street Address 445 Saint Paul Street			Street Address 445 sain Paul Street		
City North Smithfield	State RI	Zip 02896	City North Smithfield	State RI	Zip 02896
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name NONE			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
			2,000		Common
					No Par Value
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 Victoria K. Hueston					Date 2/5/2019
Signature of Authorized Representative 					FILED FEB 13 2019 BY 6590