



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

Annual Report for the year: **2019**
Corporation

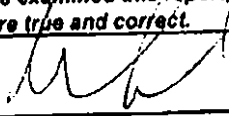
- Filing period: January 1 - March 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

FILED

MAR 13 2019

BY

108006741

1. Entity ID Number 85219		2. Exact name of the Corporation South County Orthopedics & Physical Therapy, Inc.			
3. Principal Office Address One High Street		City Wakefield		State RI	Zip 02879
4. NAICS Code 621111	6. Brief description of the character of business conducted in Rhode Island To engage in the practice of orthopedic surgery and physical therapy.				
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☒					
President Name Robert C. Marchand, M.D.			Vice-President Name David B. Burns, D.O.		
Street Address One High Street			Street Address One High Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
Secretary Name Michael P. Bradley, M.D.			Treasurer Name Sidney P. Miglioni, M.D.		
Street Address One High Street			Street Address One High Street		
City Wakefield	State RI	Zip 02879	City Wakefield	State RI	Zip 02879
8. List ALL directors (names and addresses) Check the box to indicate an attachment ☐					
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 Check the box to indicate an attachment ☐					
This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment ☐		
			NUMBER OF SHARES 29	CLASS/SERIES Common	PAR VALUE \$0.00
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. 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.					
Name of Authorized Representative Robert C. Marchand, M.D.					Date 3/7/19
Signature of Authorized Representative 					

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2815
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017

Attachment to
2019 Rhode Island Annual Report
South County Orthopedics & Physical Therapy, Inc.
Corporate ID # 85219

No. 7: Additional Officers:

Vice Presidents:

Benjamin Z. Phillips, M.D.	One High Street Wakefield, RI 02879
Ian A. Madom, M.D.	One High Street Wakefield, RI 02879