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

FILED 02
MAR 13 2019
BY 08006741

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	2. Exact name of the Corporation		
85219	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. Migliori, 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	10. Shares Issued — Check the box to indicate an attachment ☐		
	NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
This information is currently of record in the Department of State. Changes require an additional filing.	29	Common	$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	Date
Robert C. Marchand, M.D.	3/7/19

Signature of Authorized Representative

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
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