



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

**FILED**

DEC 18 2019

30084

Annual Report for the year: 2019  
**Limited Liability Company**

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number <b>173710</b>		2. Exact name of the Limited Liability Company <b>HOME THERAPY SERVICES, LLC</b>			
3. NAICS Code 621999		4. Brief description of the character of business conducted in Rhode Island PHYSICAL THERAPY SERVICES			
5. State of Formation RI					
6. Principal Office Address 94 INDIAN HILL ROAD		City MIDDLETOWN	State RI	Zip 02842	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name <b>Aitor Aldazabal</b>		Contact Title			
Street Address <b>PO. Box 4496</b>		City <b>Middletown</b>	State <b>RI</b>	Zip <b>02840</b>	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
<b>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.</b>					
Name of Authorized Person <b>Aitor Aldazabal</b>				Date <b>11/20/19</b>	
Signature of Authorized Person 		SIGN DOCUMENT HERE			

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
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 Website: www.sos.ri.gov