



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

**FILED**

Annual Report for the year: 2020  
 Corporation

JAN 10 2020

BY [Signature]

- 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 <b>000105457</b>		2. Exact name of the Corporation <b>Liberty Physical Therapy Inc</b>			
3. Principal Office Address <b>100 Highland Ave, suite 305</b>		City <b>Providence</b>		State <b>RI</b>	Zip <b>02906</b>
4. NAICS Code <b>621340</b>		6. Brief description of the character of business conducted in Rhode Island <b>OUTPATIENT PHYSICAL THERAPY CLINIC</b>			
5. State of Incorporation <b>RI</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>John McLinden</b>			Vice-President Name <b>Mark Wurster</b>		
Street Address <b>690 Rose Hill Rd</b>			Street Address <b>77 Whitehead Rd</b>		
City <b>Wakefield</b>		State <b>RI</b>	Zip <b>02879</b>	City <b>Coventry</b>	
Secretary Name <b>S.A.A.</b>		Treasurer Name <b>S.A.A.</b>			
Street Address			Street Address		
City		State	Zip	City	
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>JOHN MCLINDEN</b>			Director Name <b>MARK WURSTER</b>		
Street Address <b>S.A.A.</b>			Street Address <b>S.A.A.</b>		
City		State	Zip	City	
Director Name			Director Name		
Street Address			Street Address		
City		State	Zip	City	
9. Shares Authorized			10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>		
This information is currently of record in the Department of State.			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			<b>0</b>	<b>0</b>	<b>0</b>
Changes received on record					
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.					
<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 Representative <b>John P. McLinden</b>				Date <b>12/11/19</b>	
Signature of Authorized Representative <u>[Signature]</u>					

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