



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

Annual Report for the year: **2020**
Corporation

FILED STAMP

JAN 13 2020

BY

11094 DS

- 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 931965		2. Exact name of the Corporation Francis J. George PT & Associates, Inc.			
3. Principal Office Address 256 Harriet Lane			City Cumberland	State RI	Zip 02864
4. NAICS Code 622310		6. Brief description of the character of business conducted in Rhode Island Physical Therapy Services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Karen G. Lyles			Vice-President Name Karen G. Lyles		
Street Address 256 Harriet Lane			Street Address 256 Harriet Lane		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
Secretary Name Karen G. Lyles			Treasurer Name Karen G. Lyles		
Street Address 256 Harriet Lane			Street Address 256 Harriet Lane		
City Cumberland	State RI	Zip 02864	City Cumberland	State RI	Zip 02864
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Karen G. Lyles			Director Name		
Street Address 256 Harriet Lane			Street Address		
City Cumberland	State RI	Zip 02864	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			
		1000	Common	.01	
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 Karen G. Lyles				Date 12/31/19	
Signature of Authorized Representative <i>Karen G. Lyles</i>			SIGN DOCUMENT HERE		

MAIL TO:
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Website: www.sos.ri.gov