

By

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

Form 630 12/01

Corporate ID No. 66148	LACK)				
00140	2. Name of Corpora		•		
Connect Address Description Constitution	•	Therapy Center, Inc.	C:	<b>6</b>	77.
Street Address Principal Busine 167 GANO STREET	зз Одисе		City PROVIDENCE	State RI	<i>Тір</i> 02906
Business Phone No.		5. State of Incorporation		•••	6. SIC Code
4012744325		RHODE ISLAND			9431
Brief Description of the Charac O ENGAGE IN THE PRA	cter of Business Cond CTICE OF PHYS	fucted in Rhode Island		•	
. NAMES AND ADDRESS resident Name	ES OF THE OFF	ICERS ("X" BOX FOR ATTA	ICHMENT)   FILL IN SPA	ACES BEFORE USING AT	TACHMENTS
lan Silk			None		
reel Address	•		Sireei Address		
.67 Gano Sureet			-	-	
ity	State	Zip	City	State	Zιρ
rovidence	RI	02906			
cretary Name			Treasurer Name		
lan Silk			Alan Silk		
treet Address		• • • •	Street Address	- ,	
.67 Gano Street			167 Gano Street		
ity	State	Zip	City	State	Zip
rovidence	RI	02906	.Providence	'RI	02906
. NAMES AND ADDRESS irector Name	ES OF THE DIRI	ECTORS ("X" BOX FOR AT	TACHMENT)   FILL IN S Director Name	PACES BEFORE USING	ATTACHMENTS
lan Silk			None		
ireei Address			Street Address	•	
67 Gano Street					
iry	State	Zip · · ·	City	State	Zip
rovidence	IRI	02906	• *		•
Director Name	•	• • • • • • • • • • • • • • • • • • • •	Director Name	•	•
lone			None		
reet Address	•	•	Street Address		
Ίφ	State	Zip	City	State	Zip
10. SHARES AUTHORIZE	D ("X" BOX FOR.	ATTACHMENT)		" BOX FOR ATTACHMEN	m 🗆
NUTHORIZED SHARES Yumher of Shares	Class/Series	Par Value	ISSUED SHARES Number of Shares	Closs/Series	Par Value
mmer Orimars	Class-Series	rur mae	A =	· · · · · · · · · · · · · · · · · · ·	
,000 NO PAR VALUE			100	Common	No Par
his report must he signe	d in ink by eithe	er the President, Vice Pre	esident, Secretary, Assis	stant Secretary, Treas	urer, Receiver or
	E(116) (0)				
I <b>e o</b> nie <b>c c</b> hidi hibh			linder consitu of	iurk. I declare and affirm	that I have examine
	4 8		onaci penalty of the		
	4 8		this report the hiding	any accompany ing scher	dules and statements
6 6 1	4 8	$\neg$	this report, including and that all states en		
66148 OBC 02/14/05	11:42:27 AM*			iny accompanying schemes to the contained th	
66148 DBC 02/14/05	<del></del>				
66148 DBC 02/14/05 File Date  FEB 2 3	(2)	- <del>,</del> (		ds containe mercial are the	

President

Title of Officer

File Date

Check No

FOR SECRETARY OF STATE USE ONLY

Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 Filing Fee: \$50.00 (FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 66148 Silk Physical Therapy Center, Inc. 3. Street Address Principal Business Office City State Zip 167 Gano Street RI 02906 Providence 4. Business Phone No. 5. State of Incorporation 6. SIC Code 9431 401-274-4325 Rhode Island 7. Brief Description of the Character of Business Conducted in Rhode Island To engage in the practice of physical therapy 8. NAMES AND ADDRESSES OF THE OFFICERS ("X". BOX FOR ATTACHMENT). I FILL IN SPACES BEFORE USING ATTACHMENTS. President Name Vice President Name Alan Silk None Street Address Street Address 167 Gano Street State Zip City State Zıp City Providence RI 02906 Secretary Name Tréasurer Name Alan Silk Alan Silk Street Address Street Address 167 Gano Street . 167 Gano Street City City Zıp Zip State State Providence RI 02906 . Providence RI 02906 TACHMENT) [ FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR Director Name Director Name Alan Silk None Street Address Street Address 167 Gano Street State City State Zip City Providence RΙ 02906 Director Name Director Name None None Street Address Street Address .Cliy State State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) II. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHA ISSUED SHARES Number of Shares Par Value Number of Shares Class/Series Par Value Class/Series 1,000 NO PAR VALUE 100 Common No Par This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury, Leclare and affirm that I have examined this report, including my accompanying schedules and statements, and that all state and

Signature of Offi

Aláń Silk

President

Title of Officer

Print or Type Name of Officer

Form 630 12/01

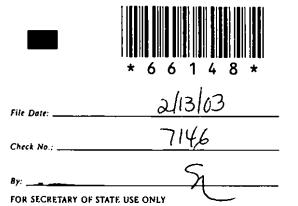
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Screet, Providence, RI 02903-1335 401-222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PI I ISE READ INSTRUCTIONS

Filing Period: January	I-March 1 •	Filing Fee: \$50.00			PET ASE REAL INSTRUCTION
FORM MUST BE TYPED OR PRINTE 1. Corporate ID No.	D IN BLACK)  2. Name of Corpora	atta.			
66148	, ,	al Therapy Center, Inc.			
3. Street Address Principal Business O	~	ai Therapy Center, Inc.	City	State	Zip
167 Gano Street	,,,		Providence	RI	02906
F. Business Phone No.		5. State of Incorporation		<b>1</b> 7.2	6. SIC Code
401-274-4325					9431
7. Brief Description of the Character o	of Business Conducted	RHODE ISLAN In Rhode Island	U		3431
To engage in the	practice	of physical th	erapy and any law	ful business	
B. NAMES AND ADDRESS President Name Alan Silk Street Address 167 Gano St.	ES OF THE OFF	ICERS (*X* BOX FOR ATTA	CHMENT) FILL IN SPACES I Vice President Name None Street Address	BEFORE USING ATTAC	CHMENTS
ny Providence	State RI	zip 02906	City	State	Zip
ecretary Name Alan Silk		.•	Tredsurer Name Alan Silk	••	· · · · ·
Treet Address 167 Gano St.			Street Address 167 Gano St.		
Providence	State RI	<sup>Zip</sup> 02906	Providence	State RI	<sup>Zip</sup> 02906
9. NAMES AND ADDRESS Director Name Alan Silk Street Address 167 Gano St.	ES OF THE DIR	ECTORS ("X" BOX FOR A	TTACHMENT) FILL IN SPACE  Director Name  None  Street Address	S BEFORE USING ATT	ACHMENTS
City .	State	Zip	City	State	Zip
Providence	RI	02906	.,		•
Director Name	•	• • •	Director Name	***	
None			None		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED AUTHORIZZI) SHARES	) ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED (*.	X* BOX FOR ATTACHMEN	π)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 NO PAR VALUE			100	Common	No Par

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



Under penalty of perjury, I declare and affirm that I have examined this report, including say accompanying solvedules and statements, and that all statements contained in the and correct.

Signatural Officer

Date

Alan N. Silk, President

Print or Type Name of Officer



Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

• • • •				000	
PROFIT CORP			ORT FOR THE	YEAR200	22 STOP PLEASE READ INSTRUCTION
(FORM MUST BE TYPED IN BL	ACK)				
1. Corporate ID No.	2. Name of Corporat	lon			
66148	Silk Physica	l Therapy Center, Inc.			
3. Street Address Principal Business	Office		City	State	Zip
4.467.Gano.Strect		5. State of Incorporation RHODE ISLAND	Providence	RJ	6.02206 9431
7. AD 10-27/Am 4325 Characte	r of Business Conducted in				
8. TO ANESSAND ADDRES	इसंहर्का <sub>मि</sub> क्श्रहांस्त्र	letheraby andrapyrlayd	ful husiness MENT) FIEL IN SPACES B Vice President Name	EFORE USING ATTAC	CHMENTS
su Alan Silk			sinones		
cul 67 Gano Street	State	Zip	City	State	Zip
sProvidence	RI	02906	Treasurer Name		
su-Alan-Silk		•	s,Alan,Silk		
civl 67 Gano Street	State	Zip	टार्467 Gano Street	State	Zip
9. <b>Randisienne</b> ADDRES Director Name	sses of t <b>R</b> E dire	CTOR2996BOX FOR ATTAC	CHMPROVIDENCEN SPACES Director Name	BEFORE USING ATT	achmen <mark>03</mark> 906
suc <b>Alan-S</b> ilk			si One Director		
टाओं 67 Gano Street	State	Zíp	City	State	Zip
nu Providence	RI.	02906	Director Name		
sucOne.Director			s. One. Director		
City	State	Zip	City	State	ZIp
10. SHARES AUTHORIZE	D ("X" BOX FOR ATTA	ACHMENT)	11. SHARES ISSUED (*X	* BOX FOR ATTACHMENT	T)
Number of Shares 1,000 NO PAR VALUE	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
			100	common	No Par Value
			100	common	No Par V

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

**₹**\$ 5



File Date:	2.19-02	
Check No.:	6574	
Ву:	2.	
FOR SECRETAR	OV OF STATE LIST ONLY	

Under penalty of perpary, I declare and affirm that I have examined lg any accompanying schedules and statements, and constained herein are true an Date Print or Type Name of Officer Title of Officer

Form 630 12/01

Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

## PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

AUTHORIZED SHARES

1,000 NO PAR VALUE

Number of Shares

2. Name of Corporation

66148

Silk Physical Therapy Center, Inc.

	myorder indiapy con	101 / 11101		
3. Street Address Principal Business Office		City	State	Zip
167 Gano Street		Providence	RI	02906
4. Business Phone No.	5. State of Incorporation			6. SIC Cod
401-274-4325	RHODE ISLAND	)		9431
7. Brief Description of the Character of Rusiness Condi	ucted in Phase Island			

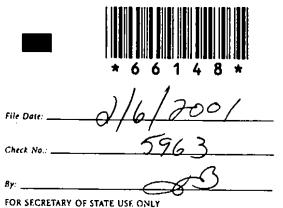
to engage in the practice of physical therapy and any lawful business 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS President Name Vice President Name Alan Silk **NONE** Street Address Street Address 167 Gano Street City Zip City Zip Providence RI 02906 Secretary Name Treasurer Name Alan Silk Alan Silk Street Address Street Address 167 Gano Street 167 Gano Street City ΖΙρ City State 210 Providence 02906 02906 RI Providence RI 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Alan Silk One Director Street Address . Street Address 167 Gano Street City City Zip Providence RI 02906 Director Name Director Name One Director One Director Street Address Street Address City State ZIp City State Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

ISSUED SHARES

100

Number of Shares



Class/Series

Par Value

Under penalty of perjury, I declare and affirm that I have examined this report, including only accompanying schedule and statements, and that all statements convened berein are true and correct.

Signature of officer

Date

Class/Series

common

PRESIDENT
THE Officer

·--- / 10 - 10 mn

No Par Value



7. Brief Description of the Character of Business Conducted in Rhode Island

(FORM MUST BE TYPED IN BLACK)

66148

167 Gano Street

3. Street Address Principal Business Office

1. Corporate ID No.

4. Business Phone No.

President Nome Alan Silk

Providence

Providence

Secretary Name Alan Silk

Street Address

Director Name

Street Address

Alan Silk

City

Street Address

401-274-4325

167 Gano Street

167 Gano Street

167 Gano Street

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

ZIp

Zip

Zip

Zip

Zip

Par Value

No Par Value

02906

02906 6. SIC Code

9431

State

RI

State

State

RI

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Providence

Vice President Name **NONE** 

Street Address

Treasurer Name Alan Silk

Street Address

Providence

One Director

Director Name

Street Address

Titl

167 Gano Street

City

City

Silk Physical Therapy Center, Inc.

Ztp

2.10

02906

02906

5. State of Incorporation

RHODE ISLAND

8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Filing Period: January 1-March 1 • Filing Fee: \$50.00

2. Name of Corporation

to engage in the practice of physical therapy and any lawful business

RI

RI

State

Providence	State RI	02906	City	State
One Director	•		Olrector Name One Director	
Street Address			Street Address	
City	State	Zip	City	State
10. SHARES AUTHOR AUTHORIZED SHARES	IZED (*x* BOX FOR AT	TACHMENT)	11. SHARES ISSUED	) (*X* BOX FOR ATTACHMENT)
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series
1,000 SHS NO F	AR VALUE		100	common
*	6 6 1 4 8	<b>  </b> *	this report, inclu	perjury, I declare and affirm ding any accompanying sche
File Date:	<u> 2/00                                   </u>	<del></del>	that all statement	ts contained in the la are true i
Check No.:	$\frac{\partial}{\partial x}$	·····	ALA	N'N'SILK
Ву:			Print or Type Name o	officer D. A
FOR SECRETARY OF STATE I	USE ONLY		104	sien

•	
Secretary, Assistant Secretary, Tre	asurer, Receiver or Truste
der penalty of perjury, I declare and af s report, including any accompanying :	
at all statements contained beseth are t	
ALAN SIL	Date
or oficer	



James R. Langevin, Secretary of State Corporations Division
100 North Main Street, Providence, RI 02903-1335 401-222-3040

#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 1999 Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACE					
1. Corporate ID No.	2. Name of Corporat				
66148	,	al Therapy Center, Inc.			. <u> </u>
3. Street Address Principal Business (	Office		City	State	Zip
167, Gano, Street		5. State of Incorporation RHODE ISLAND	Providence	<b>RI</b>	02906 6. SIC Code <b>9431</b>
24Mer Jestinpilon of the Character		n Rhode Island			
to engage in the pract 8. NAMES AND ADDRESS President Name	ice of physical ses of the offi		1 business (ENT) FILL IN SPACES Vice President Name	BEFORE USING ATTAC	HMENTS
Alan Silk		· · · · · · · · · · · · · · · · · · ·	NONE Street Address		
cil,67 Gano Street ···	State	Zip	City	State	Zip
Providence ······	<b>RI</b>	02906	Treasurer Name		
Alan Silk-			Alan Silk	and the same of th	
cil,67 Gano Street	. State	. Zip	167 Gano Street	State	Zip
Providence-	RI	. 02906 ECTORS ("X" BOX FOR ATTAC	Providence	, RI	1 02906
9 NAMES AND ADDRESS	SES OF THE DIRI	ECTORS ("X" BOX FOR ATTAC	HMENT) ( FILL IN SPAC) Director Name	ES BEFORE USING ATT	ACHMENTS
•			One Director		
Alan Silk —	<u>.</u> .	•	Street Address	<del></del>	_ <del></del>
167 Gano Street	State	Zip	· City	State	Zip
	RI	02906	. ···/	i	
Providence			Director Name One Director		
One Director Street Address			Street Address		·
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZE AUTHORIZED SHARES	D ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ( SSUED SHARES	'X' BOX FOR ATTACHMEN	n (
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	VALUE		, 100	common	No Par Value
•			· · · · · · · · · · · · · · · · · · ·		i
This report must be sign	ed in ink by eit	her the President, Vice Pr	resident, Secretary, Ass	istant Secretary, Treas	urer, Receiver or Truste

* 6 6 1 4 8 *	Under penalty of perjury, I declare and affirm that I have examined
File Date:	this report, including any accompanying schedules and statements, and that all statements contained herein assertive and correct.
Check No.: 4+34	Print or Type Name of-Officer
FOR SECRETARY OF STATE USE ONLY	Tule of Officer

James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335

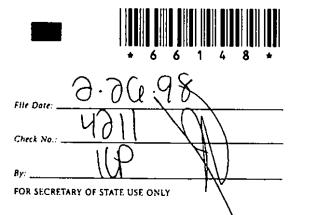
#### PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR Filing Period: January 1-March 1 • Filing Fee: \$50.00

	f	401-277-3040
AR	1998	STOP PLEASE READ INVERCENONS

(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 66148 Silk Physical Therapy Center, Inc. 3. Street Address Principal Business Office City State Zip 167 Gano Street Providence 02906 RI 4. Business Phone No. 401-274-4325 5. State of Incorporation 6. SIC Code **RHODE ISLAND** 9431 7. Brief Description of the Character of Business Conducted in Rhode Island to engage in the practice of physical therapy and any lawful business 8. NAMES AND ADDRESSES OF THE OFFICERS (\*X\* BOX FOR ATTACHMENT) President Name Vice President Name Alan Silk NONE Street Address 167 Gano Street Street Address Zip City State Zip Providence ŘΙ 02906 Secretary Name Treasurer Name Alan Silk Alan Silk Street Address Street Address 167 Gano Street 167 Gano Street City State Zip Providence RI 02906 Providence RI 02906 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Alan Silk One Director Only Street Address 167 Gano Street City Zip Providence 02906 Director Name Director Name One Director Only One Director Only Street Address Street Address City State Zip City ZID 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 SHS NO PAR VALUE 100 Common No Par Value

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

of Officer



Under penalty of perjury, I declare and affirm that I have examined eving schedules and statements, and contained herein es/ofm



James R. Langevin, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-277-3040

#### PROFIT CORPORATION ANNUAL REPORT 1997

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST RE TYPED IN BLACK)

1. Corporate ID No. **66148** 

2. Name of Corporation Silk Physical Therapy Center, Inc.

3. Street Address Principal Business	Office		City	State	Zip
167 Gano Street  1. Business Phone No. 401-274-4325		S. State of Incorpora RHODE IS		RI	02906 6. SIC Code <b>9431</b>
7. Brief Description of the Characte to engage in the pr			awful business		
3. NAMES AND ADDRES resident Name Alan Silk			TTACHMENT) Vice President Name		
itreet Address 167 Gano Street			NONE Street Address		
City	State	Zip	City	State	Zip
Providence Secretary Name	RI	02906	Treasurer Name		
Alan Silk Irreet Address			Alan Silk Street Address		
167 Gano Street	State	Žip	167 Gano Street	State	Zip
Providence  P. NAMES AND ADDRES  Director Name	RI SES OF THE DIR	02906 ECTORS (*x* box for	Providence  **ATTACHMENT**  Director Name	RI	02906
Alan Silk		•	One Director Only Street Address		
167 Gano Street					
Providence	State RI	21p 02906	City	State	Zip
Director Name		•	Director Name	•	-
One Director Only	-Named Above		One Director Only Street Address	Named Above	
Sity	State	Zip	City	State	Zip
IO. SHARES AUTHORIZE	ED AND ISSUED (	"X" BOX FOR ATTACHME	SSUED SHARES		
Sumber of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS NO PAR	VALUE		·		

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

100 Common No Par Value



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 hereignare true and correct.

Signature of Officer

Print or Type Name of Officer

Date

#### **PROFIT CORPORATION ANNUAL REPORT**

1996



State of Rhode Island and Providence Plantations

James R. Langevin, Secretary of State
Corporations Division
100 North Main Street
Providence, Rhode Island 02903-1335 • (401) 277-3040

Filing Period: January 1-March 1

1. CORPORATE IO NO		PLEASE TYPE OR	PRINT IN BLACK INK.		
	2. NAME OF CORPORATION				
66148	Silk F	hysical Therap			
3 STREET ADDRESS PRINCIPAL BUSINESS OF A			άτν	STATE	21 <sup>0</sup> C00€
167 Gano Stree	! <b>C</b>		Providence	l RI	1 02906
BUSINESS PHONE NO.		5. STATE OF INCORPORATION			6. SIC COOE
401~274-4325		RHODE IS	SLAND		19431
to engage in t			therapy		
	<del></del>		ESSES OF THE O	E 5 1 0 5 0 6	<del></del>
RESIDENT HAME			VICE PRESIDENT NAME	Tricens	· · · · <del>-</del>
Alan Silk			1		
TREET ADDRESS		· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	····	· <del></del>
167 Gano Stree			\ 		
"Providence	RI	<sup>29</sup> 00€ 02906	(atr	STATE	ZIP CODE
ECRETARY NAME			TREASURER NAME		
Alan Silk			Alan Silk		
MEETADORESS 167 Gano Stree	+		STREET ADDRESS	·	
my Gano Stree		I see seeks	167 Gano S		
"Providence	RI	<sup>2P</sup> ∞0€ 02906	Providence	STATE	ਲਾ‱ 02906
	9. NAI	MES AND ADDR	ESSES OF THE D	IRECTORS	
XIRECTOR NAME			ORECTOR NAME		- <del></del> -
Alan Silk					
167 Gano Stree	t		STREET ADORESS		
YIT	STATE	ZIP CODE	anv ·	STATE	ZIP COOE
Providence	RI	02906			
RECTOR NAME			DRECTOR NAME		
TREET ADDRESS	<del></del>	<del></del>	STREET ADORESS		
			STREET NAMES		
πΥ	STATE	ZIP CODE	άπν —	STATE	ZP C00E
<del> </del>					
	1 0 . S	ARES AUTHOR	IZED AND ISSUE	0	
	AUTHORIZED SHARES			ISSUED SHARES	
HUMBER OF SHARES	CLASS / SERIES	PAR VALUE	NUMBER OF SHARES	CLASS / SERIES	PAR VALUE
1,000 SHS NO	PAR VALUE		<sup>7</sup> 100	Common	No Par Val
	<u> </u>		,		<del>                                     </del>
	<del></del>	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
			ji		
			1		
	This	report must be SIC	GNED IN INK by either t	he	
Presi	dent, Vice Preside	ent, Secretary, Assis	stant Secretary, Treasure	r, Receiver or Truste	e
<del></del>			Under penalty		

File Date: Check No: By:

For Secretary of State Use Only

all statements capitained herein are true and correct.

Print or Type Name of Officer

State of Rhode Island and Providence Plantations
Office of the Secretary of State
100 North Main Street
Providence, RI 02903-1335
401-277-3040

Name of Corporation: Silk Physical Therapy Center, Inc.

Business entity organized under the laws of the State of: RI

Corporate ID: 66148

ANNUAL REPORT

Please Type or Print File Annually-Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

Annual Report for the year: 1995

Business Entity is (check one):

Business Corporation (See RIGL Chapter 7-1.1)

#### ALL ENTRIES MUST BE COMPLETED IN FULL OR THE FORM WILL BE RETURNED.

For Foreign entity, address principal office: N/A	s and telephone number of	<ul><li>[X] Professional Service Corporation (See RIGL Chapter 7- 5.1)</li></ul>			
Phone: N/A		Brief statement of the character of business conducted in Rhode Island:			
Address and telephone of					
business entity in Rhode Is	sland (Provide street	to engage in the	to engage in the practice of physical therapy and		
address-Not P.O. Box): 167 Gano Street, Provider	PI 02004	any other lawful professional service			
Phone: 401-274-4325		,	p		
Frioric. 401-2/4-4323					
	THE NAMES OF	F THE OFFICERS AR	<b>E</b> :		
President	Street Add		City/State	Zip Code	
Alan Silk, 167 Gano	Street, Providence, RI 02906		,	,	
Vice President	Street Add	dress	City/State	Zip Code	
			•	•	
Secretary	Street Add	dress	City/State	Zip Code	
Alan Silk, 167 Gano	Street, Providence, RI 02906		•	•	
Treasurer	Street Add	iress	City/State	Zip Code	
Alan Silk, 167 Gano	Street, Providence, RI 02906		•		
		THE DIRECTORS AF	RE:	-	
Name	Street Add	dress	City/State	Zip Code	
Alan Silk, 167 Gano	Street, Providence, RI 02906		·	•	
Name Street Address		iress	City/State	Zip Code	
<u> </u>			·	•	
Name	Street Add	iress	City/State	Zip Code	
<u> </u>	· · · · · · · · · · · · · · · · · · ·			· ·	
NUMBER OF SHARES AUTHO	DRIZED (Rider may be attached)	NUMBER OF SHARES	NUMBER OF SHARES OUTSTANDING (Rider may be attached)		
Number of Shares	Class/Series	Number of Shares	Class/Scries		
1,000	Common/No Par Value	100	Common/No	Dea Value	
	,		1	rai value	
Date3/_	SS FILE	D By May	July 1		
Form 31 1/95	MAR 0 7 19	95 PRINT OR TYPE NAM	E OF OFFICER SIGNING	••	
	By CC 2549	TITLE OF OFFICER SIG	GNING		

DESIGNATED REGISTERED AGENT FOR SERVICE OF PROCESS:

PLEASE NOTE: If the registered office and/or registered agent indicated below is incorrect, Form 9 must be filed.

Cary J. Coen, 123 Dyer Street, Providence, RI 02903

ting Fcc \$50.00 iyable to: ecretary of State

### PLEASE TYPE or PRINT

State of Rhode Island and Providence Plantations

Office of The Secretary of State

100 North Main Street Providence. Rhode Island 02903-1335 401-277-3040

File Annually LLC: Sept. 1 - Nov. 1 CORP: Jan. 1 - March 1

PUPCK# 2069 \$50.00

siness entity organized under	the laws of the State of:RI	Annual Report for the year:  Silk Physical Therapy Center, Inc.  Business Entity is (check one):  [   Business Corporation (See RIGL Chapter 7-1.1)
une of Business Entity:	r the laws of the State of:RI	Business Entity is (check one):  Composition (See RIGL Chapter 7-1.1)
siness entity organized under	the laws of the State of:RI	Compension (See RIGL Chapter 7-1.1)
deral Taxpayer Identification	the laws of the State of:	Compension (See RIGL Chapter 7-1.1)
deral Taxpayer Identification	Number:	Business Corporation (See Midd Chapter 1
deral Taxpayer Identification or foreign entity, address and	Number:	XX Professional Service Corporation (See RIGL Chapter 7-5.1)
or foreign entity, address and		[ ] Limited Liability Company (See RIGL 7-16)
	telephone number of principal office:	Name, title and mailing address of contact person to whom
	N/A	Name, title and maining address of communications may be directed:
		Cary J. Coen, Esq.
		WINOGRAD, SHINE & ZACKS, P.C.
		123 Dyer Street
hone: ( _)		
Address and telephone of the principal office of business entity in Rhode		Providence, RI 02903-3980
address and telephone of the	- Not P.O. Box):	Brief statement of the character of business conducted in Rhode Island:
Island (Provide street address - Not P.O. Box): 167 Gano Street, Providence, RI		to engage in the practice of physical therapy and any other lawful
		C
02906		Date of Organization: November 200
		Date of Qualification to do business in Rhode Island (if foreign entity):
Phone: (401) 274-	4325	N/A
rnonc.		
	THE NAMES	OF THE OFFICERS ARE: CITYSTATE ZIP CO
CHIEF EXECUTIVE OFFICER OR		REFT ADDRESS
Alan Silk, 167	Gano Street, Floviden	CE, RI 02900 ZIPCC
CHIEF OPERATING OFFICER OF	VICE PRESIDENT (Check One) ST	71P CC
CUSTODIAN OF RECORDS OR		RELET ADDRESS CHYSTATE
CUSTODIAN OF RECORDS OR	7 Cano Street, Providen	ice, RI 02906
Alan Silk, 16	T C C+-OAT PTOVICEL	OF THE DIRECTORS ARE:
	THE NAMES	TREET ADDRESS CITY/STATE
NAME	7 Gano Street, Provider	nce, RI 02906
	, dans darage	TREET ADDRESS CITY/STATE
NAME		CITYSTATE 7JP
NAME		STREET ADDRESS CHASTAGE
_		AND OUTSTANDING (If Applicable
NUMBER OF CHARGE	AUTHORIZED (If Applicable)	NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable
VOWRER OF SHYRES	NO CHORDS	NUMBER 100
NUMBER 1,0	000	
·		CLASS common
CLASS cor	nmon	
SEDIES.		SERIES
SERIES		PAR VALUE OR No Par Value
PAR VALUE OR	No Par Value	WITHOUT PAR
	10 102 1222	1
WITHOUT PAR		///
mark	19 .,94	///M // WK

1552910

To be filed annually between January 1st and March 1st

# State of Rhode Island and Providence Plantations CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID		Annual Report for the year	ear 1999	
FIRST: The name of	the corporation is	Silk Physical Thers	er Canter. Inc.	
Second: It is incorporated under the laws of		Rhode Island		
THIRD: Character o	f business, briefly stated, is	to organo in the prostice of physical		
therapy and any oth	er lawful professio	onal service		
FOURTH: If foreign	corporation, address of its pri	ncipal office		
FIFTH: Business add	iress iii knode Island	o Cary J. Coen, Esq.,	123 Dyer Street,	
SIXTH: Names and a	addresses of its directors and	Officers: Address (including numb	(Attach rider if necessary)	
Alan Silk	Director	167 Gano St., Pro	vidence, RI 02906	
	Director		·····	
	Director			
Alan Silk	President	167 Gano St., Pro	vidence, RI 02906	
	Vice Presider	nt		
Alan Silk		167 Gano St., Pro		
Alan Silk	Treasurer	167 Gano St., Pro	vidence, RI 02906	
	of Shares authorized:		Par Value or statement that shares are without	
No. of Shares 1,000	Class Common	Series	parvalue No Par Value	
,		PAID	- · · · · · · · · · · · · · · · · · · ·	
EIGHTH: Number of Shares issued:		FEB 1 6 1993		
No. of Shares	Class	SEC'Y OF STA	or statement that shares are without par value	
100	common	oures.	No Par Value	
Dated 2	/15 19 93	Silk Physical Therap	y Center, Inc.	
	B	same of Corporation (	lk	
(Report must be si	gned by an officer)	itle peside	1	

Let 1 MM

# State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION 100 NORTH MAIN STREET PROVIDENCE, RHODE ISLAND 02903

Corporate ID	0056148	Annual Report for the ye	ear 1992
First: The	c name of the corporation is	Silk Physical Ther	apy Center. Inc.
Second: I	t is incorporated under the laws of	Rhode Island	
	naracter of business, briefly stated, is yother lawful profession		ice of physical
*************************	f foreign corporation, address of its		
	siness address in Rhode Island	o Cary J. Coen, Esq., 1	23 Dyer Street,
Sixth: Na	mes and addresses of its directors an	nd officers: Address (including numbe	(Attach rider if necessary)
Alan Silk	Director	167 Gano St., Provid	dence, RI 02906
	Director		
_	Director		
Alan Silk	President	167 Gano St., Provid	dence, RI 02906
		dent	
Alan Silk	Secretary	167 Gano St., Provid	dence, RI 02906
Alan Silk	Treasurer	167 Gano St., Provid	dence, RI 02906
SEVENTH:  No. of Shares	Number of Shares authorized:	Poc'd & Filed FEB 25 19 SD 1092 Series	Par Value or statement that shares are without par value
1,000	common	31110	No Par Value
Еіднтн: N	umber of Shares issued:		Par Value or statement that
No. of Shares	Class	Series	shares are without par value
100	common		No Par Value
Dated	$\frac{2}{23}$ 19 92	Silk Physical Therapy C	Center, Inc.
		By Com h	TCK
(Report	must be signed by an officer)	Title President	