



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2005

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

66148

2. Name of Corporation

Silk Physical Therapy Center, Inc.

3. Street Address Principal Business Office

167 GANO STREET

City

PROVIDENCE

State

RI

Zip

02906

4. Business Phone No.

4012744325

5. State of Incorporation

RHODE ISLAND

6. SIC Code

9431

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) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Alan Silk

Vice President Name

None

Street Address

167 Gano Street

Street Address

City

Providence

State

RI

Zip

02906

City

State

Zip

Secretary Name

Alan Silk

Treasurer Name

Alan Silk

Street Address

167 Gano Street

Street Address

167 Gano Street

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

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

Director Name

Alan Silk

Director Name

None

Street Address

167 Gano Street

Street Address

City

Providence

State

RI

Zip

02906

City

State

Zip

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES

Number of Shares

Class/Series

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



6 6 1 4 8

66148 DBC 02/14/05 11:42:27 AM

File Date

FILED

Check No

FEB 23 2005

8361

By

By KB

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Alan Silk

Date

2/21/05

Print or Type Name of Officer

President

Title of Officer

Form 630 12/01



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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. 66148 | | 2. Name of Corporation Silk Physical Therapy Center, Inc. | | | |
| 3. Street Address Principal Business Office 167 Gano Street | | | City Providence | State RI | Zip 02906 |
| 4. Business Phone No. 401-274-4325 | | 5. State of Incorporation Rhode Island | | | 6. SIC Code 9431 |
| 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) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| President Name Alan Silk | | | Vice President Name None | | |
| Street Address 167 Gano Street | | | Street Address | | |
| City Providence | State RI | Zip 02906 | City | State | Zip |
| Secretary Name Alan Silk | | | Treasurer Name Alan Silk | | |
| Street Address 167 Gano Street | | | Street Address 167 Gano Street | | |
| City Providence | State RI | Zip 02906 | City Providence | State RI | Zip 02906 |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS | | | | | |
| Director Name Alan Silk | | | Director Name None | | |
| Street Address 167 Gano Street | | | Street Address | | |
| City Providence | State RI | Zip 02906 | City | State | Zip |
| Director Name None | | | Director Name None | | |
| Street Address | | | Street Address | | |
| City | State | Zip | City | State | Zip |
| 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> | | | | | |
| AUTHORIZED SHARES | | | ISSUED SHARES | | |
| 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



6 6 1 4 8

| | |
|---------------------------------|---------|
| File Date | 2-27-09 |
| Check No. | 7755 |
| By | 10P |
| FOR SECRETARY OF STATE USE ONLY | |

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.

Signature of Officer
Alan Silk
Print or Type Name of Officer
President
Title of Officer

Date
2/24/09



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

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

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No.

66148

2. Name of Corporation

Silk Physical Therapy Center, Inc.

3. Street Address Principal Business Office

167 Gano Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

401-274-4325

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Alan Silk

Vice President Name

None

Street Address

167 Gano St.

Street Address

City

Providence

State

RI

Zip

02906

City

State

Zip

Secretary Name

Alan Silk

Treasurer Name

Alan Silk

Street Address

167 Gano St.

Street Address

167 Gano St.

City

Providence

State

RI

Zip

02906

City

Providence

State

RI

Zip

02906

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

Director Name

Alan Silk

Director Name

None

Street Address

167 Gano St.

Street Address

City

Providence

State

RI

Zip

02906

City

State

Zip

Director Name

None

Director Name

None

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



* 6 6 1 4 8 *

File Date: 2/13/03

Check No.: 7146

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer

Date

Alan N. Silk, President

Print or Type Name of Officer

Title of Officer

5

Form 630 12/02



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **66148** 2. Name of Corporation **Silk Physical Therapy Center, Inc.**

3. Street Address Principal Business Office **167 Gano Street** City **Providence** State **RI** Zip **02906**
4. **401-274-4325** 5. State of Incorporation **RHODE ISLAND** 6. **9431**

7. **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 **Alan Silk** Vice President Name **NONE**

Street Address **167 Gano Street** City **Providence** State **RI** Zip **02906**

Secretary Name **Alan Silk** Treasurer Name **Alan Silk**

Street Address **167 Gano Street** City **Providence** State **RI** Zip **02906**

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

Director Name **Alan Silk** Director Name **One Director**

Street Address **167 Gano Street** City **Providence** State **RI** Zip **02906**

Director Name **One Director**

Street Address **One Director** City **Providence** State **RI** Zip **02906**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares **1,000 NO PAR VALUE** Class/Series **NO PAR VALUE** Par Value **NO PAR VALUE**

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares **100** Class/Series **common** Par Value **No Par Value**

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



* 6 6 1 4 8 *

File Date: **2-19-02**

Check No.: **6574**

By: **Alan N. Silk**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **Alan N. Silk** Date **2/15/02**

Print or Type Name of Officer **Alan N. Silk**

Title of Officer **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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.

66148

2. Name of Corporation

Silk Physical Therapy Center, Inc.

3. Street Address Principal Business Office

167 Gano Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

401-274-4325

5. State of Incorporation

RHODE ISLAND

6. SIC Code

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) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Alan Silk

Vice President Name

NONE

Street Address

167 Gano Street

Street Address

City

Providence

State

RI

Zip

02906

City

State

Zip

Secretary Name

Alan Silk

Treasurer Name

Alan Silk

Street Address

167 Gano Street

Street Address

167 Gano Street

City

Providence

State

RI

Zip

02906

City

State

Zip

RI

02906

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

Director Name

Alan Silk

Director Name

One Director

Street Address

167 Gano Street

Street Address

City

Providence

State

RI

Zip

02906

City

State

Zip

Director Name

One Director

Director Name

One Director

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

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



* 6 6 1 4 8 *

File Date: 2/6/2001

Check No.: 5963

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedule and statements, and that all statements contained herein are true and correct.

Signature of Officer

Date

ALAN N. SILK

PRESIDENT



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 2000

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

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **66148** 2. Name of Corporation **Silk Physical Therapy Center, Inc.**
3. Street Address Principal Business Office **167 Gano Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **401-274-4325** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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) FILL IN SPACES BEFORE USING ATTACHMENTS

| | |
|--|--|
| President Name Alan Silk | Vice President Name NONE |
| Street Address 167 Gano Street | Street Address |
| City Providence State RI Zip 02906 | City State Zip |
| Secretary Name Alan Silk | Treasurer Name Alan Silk |
| Street Address 167 Gano Street | Street Address 167 Gano Street |
| City Providence State RI Zip 02906 | City Providence State RI Zip 02906 |

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

| | |
|--|--------------------------------------|
| Director Name Alan Silk | Director Name One Director |
| Street Address 167 Gano Street | Street Address |
| City Providence State RI Zip 02906 | City State Zip |
| Director Name One Director | Director Name One Director |
| Street Address | Street Address |
| City State Zip | City State Zip |

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series 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



* 6 6 1 4 8 *

File Date: 3/2/00
Check No.: 3346
By: 2

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer Alan N. Silk Date 2/18/00
Print or Type Name of Officer Alan N. Silk
Title of Officer President



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 BLACK)

| | | | |
|---|--------------------|---|----------------------------|
| 1. Corporate ID No. 66148 | | 2. Name of Corporation Silk Physical Therapy Center, Inc. | |
| 3. Street Address Principal Business Office 167 Gano Street | | City Providence | State RI |
| 4. Telephone Number 401-274-4325 | | 5. State of Incorporation RHODE ISLAND | 6. SIC Code 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) FILL IN SPACES BEFORE USING ATTACHMENTS | | | |
| President Name Alan Silk | | Vice President Name NONE | |
| Street Address 167 Gano Street | | Street Address | |
| City Providence | State RI | City | State |
| Zip 02906 | | City | State |
| Secretary Name Alan Silk | | Treasurer Name Alan Silk | |
| Street Address 167 Gano Street | | Street Address 167 Gano Street | |
| City Providence | State RI | City Providence | State RI |
| Zip 02906 | | City Providence | State RI |
| 9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS | | 11. SHARES ISSUED (*X* BOX FOR ATTACHMENT) | |
| Director Name One Director | | ISSUED SHARES | |
| Street Address 167 Gano Street | | Number of Shares 100 | |
| City Providence | State RI | Class/Series common | |
| Zip 02906 | | Par Value No Par Value | |
| 10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT) | | | |
| AUTHORIZED SHARES | | | |
| Number of Shares 1,000 SHS NO PAR VALUE | Class/Series | Par Value | |

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



File Date: **Feb 8, 99**

Check No.: **4794**

By: **[Signature]**

FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer: **[Signature]** Date: **2/6/99**

Print or Type Name of Officer: **ALAN N. SILK**

Title of Officer: **President**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

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

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No. **66148** 2. Name of Corporation **Silk Physical Therapy Center, Inc.**
3. Street Address Principal Business Office **167 Gano Street** City **Providence** State **RI** Zip **02906**
4. Business Phone No. **401-274-4325** 5. State of Incorporation **RHODE ISLAND** 6. SIC Code **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 **Alan Silk** Vice President Name **NONE**
Street Address **167 Gano Street** Street Address
City **Providence** State **RI** Zip **02906** City **Providence** State **RI** Zip **02906**
Secretary Name **Alan Silk** Treasurer Name **Alan Silk**
Street Address **167 Gano Street** Street Address **167 Gano Street**
City **Providence** State **RI** Zip **02906** City **Providence** State **RI** Zip **02906**

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name **Alan Silk** Director Name **One Director Only**
Street Address **167 Gano Street** Street Address
City **Providence** State **RI** Zip **02906** City **Providence** State **RI** Zip **02906**
Director Name **One Director Only** Director Name **One Director Only**
Street Address **One Director Only** Street Address
City **Providence** State **RI** Zip **02906** City **Providence** State **RI** Zip **02906**

10. SHARES AUTHORIZED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES
Number of Shares Class/Series Par Value
1,000 SHS NO PAR VALUE

11. SHARES ISSUED (*X* BOX FOR ATTACHMENT)

ISSUED SHARES
Number of Shares Class/Series 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



File Date: **2-20-98**
Check No.: **4211**
By: **WP**
FOR SECRETARY OF STATE USE ONLY

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.

Signature of Officer **ALAN SILK** Date **2/24/98**
Print or Type Name of Officer **ALAN SILK**
Title of Officer **PRESIDENT**



STATE OF RHODE ISLAND
AND PROVIDENCE PLANTATIONS
Office of the Secretary of State

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 BE TYPED IN BLACK)

1. Corporate ID No.

66148

2. Name of Corporation

Silk Physical Therapy Center, Inc.

3. Street Address Principal Business Office

167 Gano Street

City

Providence

State

RI

Zip

02906

4. Business Phone No.

401-274-4325

5. State of Incorporation

RHODE ISLAND

6. SIC Code
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

Alan Silk

Vice President Name

NONE

Street Address

167 Gano Street

Street Address

City

Providence

State

RI

Zip

02906

City

State

Zip

Secretary Name

Alan Silk

Treasurer Name

Alan Silk

Street Address

167 Gano Street

Street Address

167 Gano Street

City

Providence

State

RI

Zip

02906

City

State

Zip

Providence

RI

02906

9. NAMES AND ADDRESSES OF THE DIRECTORS (*X* BOX FOR ATTACHMENT)

Director Name

Alan Silk

Director Name

One Director Only

Street Address

167 Gano Street

Street Address

City

Providence

State

RI

Zip

02906

City

State

Zip

Director Name

One Director Only--Named Above

Director Name

One Director Only--Named Above

Street Address

Street Address

City

State

Zip

City

State

Zip

10. SHARES AUTHORIZED AND ISSUED (*X* BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS NO PAR VALUE

ISSUED SHARES

Number of Shares

Class/Series

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



* 6 6 1 4 8 *

File Date: 2-18-97

Check No.: 3603

By: ICP / JCL

FOR SECRETARY OF STATE USE ONLY

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 here are true and correct.

Signature of Officer

ALAN N. SILK

Print or Type Name of Officer

President

Title of Officer

Date

2/15/97

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

Filing Fee: \$50.00

PLEASE TYPE OR PRINT IN BLACK INK.

| | | | |
|--|--|--|---------------------|
| 1. CORPORATE ID NO. 66148 | | 2. NAME OF CORPORATION Silk Physical Therapy Center, Inc. | |
| 3. STREET ADDRESS PRINCIPAL BUSINESS OFFICE 167 Gano Street | | CITY Providence | STATE RI |
| 4. BUSINESS PHONE NO. 401-274-4325 | | 5. STATE OF INCORPORATION RHODE ISLAND | 6. SIC CODE 9431 |
| 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 | | | |
| PRESIDENT NAME Alan Silk | | VICE PRESIDENT NAME | |
| STREET ADDRESS 167 Gano Street | | STREET ADDRESS | |
| CITY Providence | STATE RI | CITY | STATE |
| ZIP CODE 02906 | | ZIP CODE | |
| SECRETARY NAME Alan Silk | | TREASURER NAME Alan Silk | |
| STREET ADDRESS 167 Gano Street | | STREET ADDRESS 167 Gano Street | |
| CITY Providence | STATE RI | CITY Providence | STATE RI |
| ZIP CODE 02906 | | ZIP CODE 02906 | |

| | | | |
|---|-------------|----------------|-------|
| 9. NAMES AND ADDRESSES OF THE DIRECTORS | | | |
| DIRECTOR NAME Alan Silk | | DIRECTOR NAME | |
| STREET ADDRESS 167 Gano Street | | STREET ADDRESS | |
| CITY Providence | STATE RI | CITY | STATE |
| ZIP CODE 02906 | | ZIP CODE | |
| DIRECTOR NAME | | DIRECTOR NAME | |
| STREET ADDRESS | | STREET ADDRESS | |
| CITY | STATE | CITY | STATE |
| ZIP CODE | | ZIP CODE | |

| | | | | | |
|----------------------------------|----------------|-----------|------------------|----------------|------------|
| 10. SHARES AUTHORIZED AND ISSUED | | | | | |
| 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 Val |
| | | | | | |
| | | | | | |

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 any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date:

2/28/96

Check No:

3058

By:

CP

For Secretary of State Use Only

Signature of Officer

ALAN N. SILK

Print or Type Name of Officer

President

Title of Officer

2/27/96

Date

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

ANNUAL REPORT

Please Type or Print

File Annually-Jan. 1 - March 1

Filing Fee \$50.00

Make Checks Payable to: Secretary of State

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

Corporate ID: 66148

Annual Report for the year: 1995

Name of Corporation: Silk Physical Therapy Center, Inc.

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

Business Entity is (check one):

☐ Business Corporation (See RIGL Chapter 7-1.1)

☒ Professional Service Corporation (See RIGL Chapter 7-5.1)

For Foreign entity, address and telephone number of principal office: N/A

Phone: N/A

Brief statement of the character of business conducted in Rhode Island:

Address and telephone of the principal office of business entity in Rhode Island (Provide street address-Not P.O. Box):

167 Gano Street, Providence, RI 02906

Phone: 401-274-4325

to engage in the practice of physical therapy and any other lawful professional service

THE NAMES OF THE OFFICERS ARE:

| President | Street Address | City/State | Zip Code |
|--|----------------|------------|----------|
| Alan Silk, 167 Gano Street, Providence, RI 02906 | | | |
| Vice President | Street Address | City/State | Zip Code |
| | | | |
| Secretary | Street Address | City/State | Zip Code |
| Alan Silk, 167 Gano Street, Providence, RI 02906 | | | |
| Treasurer | Street Address | City/State | Zip Code |
| Alan Silk, 167 Gano Street, Providence, RI 02906 | | | |

THE NAMES OF THE DIRECTORS ARE:

| Name | Street Address | City/State | Zip Code |
|--|----------------|------------|----------|
| Alan Silk, 167 Gano Street, Providence, RI 02906 | | | |
| Name | Street Address | City/State | Zip Code |
| | | | |
| Name | Street Address | City/State | Zip Code |
| | | | |

| NUMBER OF SHARES AUTHORIZED (Rider may be attached) | | NUMBER OF SHARES OUTSTANDING (Rider may be attached) | |
|---|---------------------|--|---------------------|
| Number of Shares | Class/Series | Number of Shares | Class/Series |
| 1,000 | Common/No Par Value | 100 | Common/No Par Value |

Date

3/1/95

FILED

By:

Alan Silk

Form 31 1/95

MAR 07 1995

PRINT OR TYPE NAME OF OFFICER SIGNING

By CC 2549

TITLE OF OFFICER SIGNING

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

ing Fee \$50.00
yable 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

Corporate ID: 0066148 Annual Report for the year: 1994
Name of Business Entity: Silk Physical Therapy Center, Inc.

Business entity organized under the laws of the State of: RI
Federal Taxpayer Identification Number:
For foreign entity, address and telephone number of principal office:
N/A
Phone: ()
Address and telephone of the principal office of business entity in Rhode Island (Provide street address - Not P.O. Box):
167 Gano Street, Providence, RI
02906
Phone: (401) 274-4325

Business Entity is (check one):
☐ Business Corporation (Sec RIGL Chapter 7-1.1)
☒ Professional Service Corporation (Sec RIGL Chapter 7-5.1)
☐ Limited Liability Company (Sec RIGL 7-16)
Name, title and mailing address of contact person to whom communications may be directed:
Cary J. Coen, Esq.
WINOGRAD, SHINE & ZACKS, P.C.
123 Dyer Street
Providence, RI 02903-3980
Brief statement of the character of business conducted in Rhode Island:
to engage in the practice of physical therapy and any other lawful professional service
Date of Organization: November 26, 1991
Date of Qualification to do business in Rhode Island (if foreign entity):
N/A

THE NAMES OF THE OFFICERS ARE:

| | STREET ADDRESS | CITY/STATE | ZIP CODE |
|---|----------------|------------|----------|
| <input type="checkbox"/> CHIEF EXECUTIVE OFFICER OR <input checked="" type="checkbox"/> PRESIDENT (Check One) | | | |
| Alan Silk, 167 Gano Street, Providence, RI 02906 | | | |
| <input type="checkbox"/> CHIEF OPERATING OFFICER OR <input type="checkbox"/> VICE PRESIDENT (Check One) | | | |
| <input type="checkbox"/> CUSTODIAN OF RECORDS OR <input checked="" type="checkbox"/> SECRETARY (Check One) | | | |
| Alan Silk, 167 Gano Street, Providence, RI 02906 | | | |
| <input type="checkbox"/> CHIEF FINANCIAL OFFICER OR <input checked="" type="checkbox"/> TREASURER (Check One) | | | |
| Alan Silk, 167 Gano Street, Providence, RI 02906 | | | |

THE NAMES OF THE DIRECTORS ARE:

| NAME | STREET ADDRESS | CITY/STATE | ZIP CODE |
|--|----------------|------------|----------|
| Alan Silk, 167 Gano Street, Providence, RI 02906 | | | |
| | | | |
| | | | |

| | | | |
|---|--------------|---|--------------|
| NUMBER OF SHARES AUTHORIZED (If Applicable) | | NUMBER OF SHARES ISSUED AND OUTSTANDING (If Applicable) | |
| NUMBER | 1,000 | NUMBER | 100 |
| CLASS | common | CLASS | common |
| SERIES | | SERIES | |
| PAR VALUE OR WITHOUT PAR | No Par Value | PAR VALUE OR WITHOUT PAR | No Par Value |

Mar 1 19 94

By: [Signature]

Filing Fee \$50.00

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

1552912
State of Rhode Island and Providence Plantations

CORPORATIONS DIVISION
100 NORTH MAIN STREET
PROVIDENCE, RHODE ISLAND 02903

Corporate ID 0055148

Annual Report for the year 1993

FIRST: The name of the corporation is Silk Physical Therapy Center, Inc.

SECOND: It is incorporated under the laws of Rhode Island

THIRD: Character of business, briefly stated, is to engage in the practice of physical therapy and any other lawful professional service

FOURTH: If foreign corporation, address of its principal office

FIFTH: Business address in Rhode Island c/o Cary J. Coen, Esq., 123 Dyer Street,
Providence, Rhode Island 02903

SIXTH: Names and addresses of its directors and officers:

(Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|-----------|----------------|--|
| Alan Silk | Director | 167 Gano St., Providence, RI 02906 |
| | Director | |
| | Director | |
| Alan Silk | President | 167 Gano St., Providence, RI 02906 |
| | Vice President | |
| Alan Silk | Secretary | 167 Gano St., Providence, RI 02906 |
| Alan Silk | Treasurer | 167 Gano St., Providence, RI 02906 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class | Series |
|---------------|--------|--------|
| 1,000 | common | |

Par Value
or statement that
shares are without
par value

No Par Value

EIGHTH: Number of Shares issued:

| No. of Shares | Class | Series |
|---------------|--------|--------|
| 100 | common | |

Par Value
or statement that
shares are without
par value

No Par Value

Dated 2/15 19 93

Silk Physical Therapy Center, Inc.

(Name of Corporation)

By

Title

(Report must be signed by an officer)

Filing Fee \$50.00

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 0056148 Annual Report for the year 1992

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Providence, Rhode Island 02903

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(Attach rider if necessary)

| Name | Office | Address (including number, street, zip code) |
|-----------|----------------|--|
| Alan Silk | Director | 167 Gano St., Providence, RI 02906 |
| | Director | |
| | Director | |
| Alan Silk | President | 167 Gano St., Providence, RI 02906 |
| | Vice President | |
| Alan Silk | Secretary | 167 Gano St., Providence, RI 02906 |
| Alan Silk | Treasurer | 167 Gano St., Providence, RI 02906 |

SEVENTH: Number of Shares authorized:

| No. of Shares | Class |
|---------------|--------|
| 1,000 | common |

Rec'd & Filed FEB 25 1992
SD 1092

Par Value
or statement that
shares are without
par value

No Par Value

EIGHTH: Number of Shares issued:

| No. of Shares | Class |
|---------------|--------|
| 100 | common |

Series

Par Value
or statement that
shares are without
par value

No Par Value

Dated 2/23 19 92

Silk Physical Therapy Center, Inc.

(Name of Corporation)

By

Alan N. Silk

Title

President

(Report must be signed by an officer)