



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

FILED

Annual Report for the year: 2020
Corporation

JAN 29 2020
 BY Ullisse AMP
SECRETARY OF STATE

- 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 126777		2. Exact name of the Corporation Specialized Orthopedic Physical Therapy, Inc.			
3. Principal Office Address 250A Centerville Road			City Warwick	State RI	Zip 02886
4. NAICS Code 521340		6. Brief description of the character of business conducted in Rhode Island To perform all aspects of physical therapy including but not limited to general orthopedic to general sports medicine.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Jason M. Ullisse			Vice-President Name Jason M. Ullisse		
Street Address 212 Wilbur Way			Street Address same as above		
City North Kingstown	State RI	Zip 02852	City	State	Zip
Secretary Name Jason M. Ullisse			Treasurer Name Jason M. Ullisse		
Street Address same as above			Street Address same as above		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized This information is currently of record in the Department of State. Changes require an additional filing.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
			100	common	no par value
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.					
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.					
Name of Authorized Representative Jason M. Ullisse, President					Date 1/14/20
Signature of Authorized Representative <i>Jason Ullisse</i>					SIGN DOCUMENT HERE

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