



State of Rhode Island and Providence Plantations

Department of State - Business Services Division

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

→ Filing period: January 1 - March 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by April 1.

SECRETARY OF STATE  
CORPORATIONS DIVISION

2020 JAN 30 PM 2:27

1. Entity ID Number <b>000111587</b>		2. Exact name of the Corporation <b>Alpha Physical Therapy, Inc.</b>												
3. Principal Office Address <b>2 Williams Street</b>			City <b>Providence</b>	State <b>RI</b>	Zip <b>02903</b>									
4. NAICS Code <b>621340</b>		6. Brief description of the character of business conducted in Rhode Island <b>To engage in the business of physical therapy</b>												
5. State of Incorporation <b>Rhode Island</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>Susan Socia</b>			Vice-President Name <b>N/A</b>											
Street Address <b>560 South Road</b>			Street Address											
City <b>East Greenwich</b>	State <b>RI</b>	Zip <b>02818</b>	City	State	Zip									
Secretary Name <b>Same as above.</b>			Treasurer Name <b>Susan Socia</b>											
Street Address			Street Address <b>Same</b>											
City	State	Zip	City	State	Zip									
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>N/A</b>			Director Name <b>N/A</b>											
Street Address			Street Address											
City	State	Zip	City	State	Zip									
Director Name <b>N/A</b>			Director Name <b>N/A</b>											
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 <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>Common</td> <td>\$01</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	Common	\$01			
NUMBER OF SHARES	CLASS/SERIES	PAR VALUE												
100	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.														
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 <b>Susan Socia</b>				Date <b>1-20-2020</b>										
Signature of Authorized Representative <i>Susan Socia</i>				SIGN DOCUMENT HERE <b>FILED</b>										

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040

Website: www.sos.n.gov

JAN 30 2020

BY *CA CR 5878*

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FORM 630 - Revised: 10/2017