

State of Rhode Island and Providence Plantations

Department of State - Business Services Division

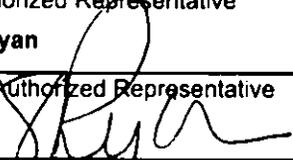
FILED STAMP

FEB 27 2020

252M

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.

1. Entity ID Number 001694431		2. Exact name of the Corporation ProCare Therapy Outpatient, Inc.			
3. Principal Office Address 334 East Avenue			City Pawtucket	State RI	Zip 02860
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island Physical Therapy			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Stephanie Ryan			Vice-President Name Allisha E. Carr		
Street Address 334 East Avenue			Street Address 334 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
Secretary Name Celeste A. Ruggieri-Jones			Treasurer Name Michael Bigney		
Street Address 334 East Avenue			Street Address 334 East Avenue		
City Pawtucket	State RI	Zip 02860	City Pawtucket	State RI	Zip 02860
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input checked="" 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			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
			2000		Common
					PAR VALUE
					No Par
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 Stephanie Ryan				Date 2/24/2020	
Signature of Authorized Representative 				SIGN DOCUMENT HERE	

PROCARE PHYSICAL THERAPY, INC.

DIRECTORS

1. Stephanie Ryan
334 East Avenue
Pawtucket, Rhode Island 02860

2. Michael Bigney
334 East Avenue
Pawtucket, Rhode Island 02860

3. Alisha E. Carr
334 East Avenue
Pawtucket, Rhode Island 02860

4. Celeste A. Ruggieri-Jones
334 East Avenue
Pawtucket, Rhode Island 02860

5. Craig DeVoe
334 East Avenue
Pawtucket, Rhode Island 02860