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

**Annual Report for the year: 2017**
**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 | 2. Exact name of the Corporation | | | |
|---|---|---|---|---|
| 000103891 | Specht Orthopedic, Inc. | | | |
| 3. Principal Office Address: 107 Beach Road | | City: Bristol | State: RI | Zip: 02809 |
| 4. NAICS Code: 339999 | 6. Brief description of the character of business conducted in Rhode Island: DEVELOP, MANUFACTURE AND SELL, LEASE ORTHOPEDIC, MEDICAL AND PHYSICAL THERAPY SUPPLIES AND EQUIPMENT. PROVIDE PHYSICAL THERAPY AND PHYSICAL FITNESS TRAINING SERVICES TO THE PUBLIC | | | |
| 5. State of Incorporation: Rhode Island | | | | |

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| President Name: Gregory H. Specht | | | Vice-President Name: Gregory H. Specht | | |
| Street Address: 107 Beach Road | | | Street Address: 107 Beach Road | | |
| City: Bristol | State: RI | Zip: 02809 | City: Bristol | State: RI | Zip: 02809 |
| Secretary Name: Gregory H. Specht | | | Treasurer Name: Gregory H. Specht | | |
| Street Address: 107 Beach Road | | | Street Address: 107 Beach Road | | |
| City: Bristol | State: RI | Zip: 02809 | City: Bristol | State: RI | Zip: 02809 |

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

| | | | | | |
|---|---|---|---|---|---|
| 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 ☐ | | |
|---|---|---|---|
| This information is currently of record in the Department of State. Changes require an additional filing. | NUMBER OF SHARES | CLASS/SERIES | PAR VALUE |
| | 100 | | 0.00 |

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 | Date |
|---|---|
| Gregory H. Specht, President | 1-25-20 |
| Signature of Authorized Representative | |

FILED
MAR 24 2020
BY CEN4C

**MAIL TO:**
**Division of Business Services**
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FORM 630 - Revised: 10/2017

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