



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Non-Profit Corporation
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2020

1. Corporate ID No. 000026382

2. Name of Corporation AMERICAN PHYSICAL THERAPY ASSOCIATION, RHODE ISLAND CHAPTER

3. State of Incorporation

State: RI

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813920

4. Corporate Address in Rhode Island

No. and Street: C/O WENDY FOX
89 STRATHMORE RD

City or Town: CRANSTON State: RI Zip: 02905 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

REPRESENTING THE NEEDS AND INTERESTS OF RHODE ISLAND AREA PHYSICAL THERAPISTS

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed. If officers and/or directors have been elected, the title Incorporator is no longer applicable; please delete

THE NUMBER OF DIRECTORS OF A DOMESTIC(RHODE ISLAND)CORPORATION SHALL NOT BE LESS THAN THREE(3). R.I.G.L. 7-6-23

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHELLE COLLIE	184 UPTON AVE PROVIDENCE, RI 02906-5748 USA
TREASURER	ALBERT HULLEY	37 ANDERSON AVE WARWICK, RI 02888 USA
SECRETARY	MICHAEL PAPPAS	171 HARVARD ST CRANSTON, RI 02920-8013 USA
DIRECTOR	CAROL PETRIE	153 FISCHER CIR PORTSMOUTH, RI 02871-5411 USA
VICE PRESIDENT	JOSEPH RUSSOLELLO	4 RICHMOND SQ PROVIDENCE, RI 02906-5117 USA
DIRECTOR	GREG DOUCETTE	68 NICOLAS LN WARWICK, RI 02886-2789 USA
DIRECTOR	JANICE CHAMBERLAIN	85 BEACH STREET WESTERLY , RI 02891-2717 USA
DIRECTOR	DONALD LEVINE	18 HIGHHAWK RD PORTSMOUTH, RI 02871-2253 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KIM ROUILLIER 52 DEWBERRY LANE WAKEFIELD , RI 02879

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 8 Day of June, 2020 at 11:25:54 AM by the authorized person. This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.

By TAMARA PAOLANGELI
Signature of Authorized Person

Form No. 631
Revised 09/07