



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

FILED

AUG 25 2020

BY 1708
00

Annual Report for the year: 2019
Limited Liability Company

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 1661539		2. Exact name of the Limited Liability Company FUNCTIONAL Therapy and Tai Chi, LLC			
3. NAICS Code 531110		4. Brief description of the character of business conducted in Rhode Island Physical Therapy and Tai Chi			
5. State of Formation RI					
6. Principal Office Address 311 Sharpe Street		City West Greenwich	State RI	Zip 02817	
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Thomas Hobin		Contact Title Managing Member			
Street Address 311 Sharpe Street		City West Greenwich	State RI	Zip 02817	
8. List ALL managers (names and addresses) of the Limited Liability Company, IF APPLICABLE - DO NOT LIST MEMBERS					
Manager Name Thomas Hobin		Manager Name			
Street Address 311 Sharpe Street		Street Address			
City West Greenwich	State RI	Zip 02817	City	State	Zip
Manager Name		Manager Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
Check the box to indicate an attachment <input type="checkbox"/>					
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Elliot Taudman, Esp.				Date 8/19/2020	
Signature of Authorized Person Elliot Taudman				SEAL NOTIFICATION HERE	

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