State of Rhode Island

Department of State - Business Services Division

FILED
FEB 04 2021
BY

Annual Report for the year: 2021

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
89465	BRISTOL COUNTY REHABILITATION SERVICES, INC.

3. Principal Office Address	City	State	Zip
1341 West Main Road, Suite 12	Middletown	RI	02842

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621340	Physical therapy, rehabilitation and related services
5. State of Incorporation	
RI	

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

President Name: Julie Clough			Vice-President Name: Deborah Quinlan Furtado		
Street Address: 1341 West Main Road, Suite 12			Street Address: 485 Cedar Avenue		
City: Middletown	State: RI	Zip: 02842	City: Swansea	State: MA	Zip: 02777
Secretary Name: Julie Clough			Treasurer Name: Deborah Quinlan Furtado		
Street Address: 1341 West Main Road, Suite 12			Street Address: 485 Cedar Avenue		
City: Middletown	State: RI	Zip: 02842	City: Swansea	State: MA	Zip: 02777

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

Director Name: Julie Clough			Director Name: Deborah Quinlan Furtado		
Street Address: 1341 West Main Road, Suite 12			Street Address: 485 Cedar Avenue		
City: Middletown	State: RI	Zip: 02842	City: Swansea	State: MA	Zip: 02777
Director Name: None			Director Name: None		
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 — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
200	Common	No Par Value

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: Julie Clough

Date: 1/27/27

Signature of Authorized Representative: Julie Clough Almeida

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: 08/2020