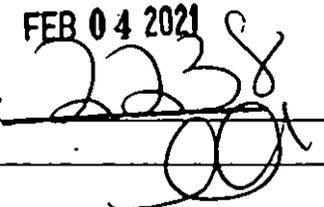




State of Rhode Island and Providence Plantations  
 Department of State - Business Services Division

**FILED**  
 STAMP

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. Corporate ID No. <b>144809</b>		2. Name of Corporation <b>Foundation Performance, Inc.</b>			
3. Street Address Principal Business Office <b>545 Pawtucket Avenue</b>			City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
5. NAICS Code <b>621340</b>		5. State of Incorporation <b>Rhode Island</b>			
6. Brief Description of the Character of Business Conducted in Rhode Island <b>Provide physical therapy</b>					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input type="checkbox"/>					
President Name <b>Michael J. Silva</b>			Vice President Name <b>Carla B. Silva</b>		
Street Address <b>545 Pawtucket Avenue</b>			Street Address <b>545 Pawtucket Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
Secretary Name <b>Michael J. Silva</b>			Treasurer Name <b>Michael J. Silva</b>		
Street Address <b>545 Pawtucket Avenue</b>			Street Address <b>545 Pawtucket Avenue</b>		
City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>	City <b>Pawtucket</b>	State <b>RI</b>	Zip <b>02860</b>
8. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS <input 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: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> 10. SHARES ISSUED: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			ISSUED SHARES - THIS SECTION <b>MUST</b> BE COMPLETED		
			Number of Shares	Class/Series	Par Value
			<b>100 shares common stock of \$.01 par value</b>		

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.

Signature 

Date **1-12-21**

**Michael J. Silva**

Print or Type Name

**President**

Title