



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2021
Corporation _____

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- 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 000111587		2. Exact name of the Corporation Alpha Physical Therapy, Inc.			
3. Principal Office Address 2 Williams Street			City Providence	State RI	Zip 02903
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island To engage in the business of physical therapy			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Susan Socia			Vice-President Name N/A		
Street Address 560 South Road			Street Address		
City East Greenwich	State RI	Zip 02818	City	State	Zip
Secretary Name Susan Socia			Treasurer Name Susan Socia		
Street Address 560 South Road			Street Address 560 South Road		
City East Greenwich	State RI	Zip 02818	City East Greenwich	State RI	Zip 02818
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name N/A			Director Name N/A		
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 <input type="checkbox"/>		
This information is currently of record in the Department of State. Changes require an additional filing.			NUMBER OF SHARES	CLASS/SERIFS	PAR VALUE
			100	Common	\$01
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 <i>Susan Socia</i>				Date 2.5.21	
Signature of Authorized Representative <i>Susan Socia</i>				FILED	

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

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