RI SOS Filing Number: 202193502420 Date: 3/1/2021 4:00:00 PM

State of Rhode Island
Department of State - Business Services Division

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.

FILED STAMP
MAR 01 2021 FOR
BY 1330

1. Entity ID Number	2. Exact name of the Corporation			
105283	Excel Physical Therapy, Inc.			
3. Principal Office Address		City	State	Zip
75 Sockanosset Crossroad		Cranston	RI	02920
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
541990	To own and operate an outpatient facility providing physical therapy services to clients including but not limited to all types of rehabilitation			
5. State of Incorporation				
Rhode Island				

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

President Name	Judith Ricci		Vice-President Name	Susan Parker	
Street Address	75 Sockanosset Crossroad		Street Address	75 Sockanosset Crossroad	
City	Cranston	State RI Zip 02920	City	Cranston	State RI Zip 02920
Secretary Name	Susan Parker		Treasurer Name	Judith Ricci	
Street Address	75 Sockanosset Crossroad		Street Address	75 Sockanosset Crossroad	
City	Cranston	State RI Zip 02920	City	Cranston	State RI Zip 02920

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

Director Name	Judith Ricci		Director Name	Susan Parker	
Street Address	75 Sockanosset Crossroad		Street Address	75 Sockanosset Crossroad	
City	Cranston	State RI Zip 02920	City	Cranston	State RI Zip 02920
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 ☐

This information is currently of record in the Department of State.

Changes require an additional filing.

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
400	Common	No Par

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	Date
Judith Ricci, President	2-1-2021

Signature of Authorized Representative: Judith M. Ricci

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