

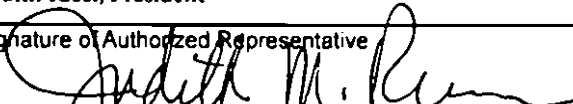


State of Rhode Island
Department of State - Business Services Division

FILED STAMP
 MAR 01 2021 FOR
 1330

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. Entry ID Number 105283		2. Exact name of the Corporation Excel Physical Therapy, Inc.			
3. Pncipal Office Address 75 Sockanosset Crossroad			City Cranston	State RI	Zip 02920
4. NAICS Code 541990		6. Brief description of the character of business conducted in Rhode Island 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 <input type="checkbox"/>					
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 <input type="checkbox"/>					
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 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/SERIES	
		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 Judith Ricci, President					Date 2-1-2021
Signature of Authorized Representative 					

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