State of Rhode Island
Department of State - Business Services Division

FILED
MAR 09 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			
85219	South County Orthopedics & Physical Therapy, Inc.			
3. Principal Office Address		City	State	Zip
One High Street		Wakefield	RI	02879
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island			
621111	To engage in the practice of orthopedic surgery and physical therapy.			
5. State of Incorporation				
Rhode Island				

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

President Name: Robert C. Marchand, M.D.			Vice-President Name: David B. Burns, D.O.		
Street Address: One High Street			Street Address: One High Street		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879
Secretary Name: Michael P. Bradley, M.D.			Treasurer Name: Sidney P. Migliori, M.D.		
Street Address: One High Street			Street Address: One High Street		
City: Wakefield	State: RI	Zip: 02879	City: Wakefield	State: RI	Zip: 02879

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

Director Name: None			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

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
29	Common	$0.00

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
Robert C. Marchand, M.D.	2/22/21

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

Attachment to
2021 Rhode Island Annual Report
South County Orthopedics & Physical Therapy, Inc.
Corporate ID # 85219

No. 7: Additional Officers:

Vice Presidents:

Benjamin Z. Phillips, M.D.	One High Street Wakefield, RI 02879

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