



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2021
Corporation

MAR 09 2021

BY

→ 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 85219		2. Exact name of the Corporation South County Orthopedics & Physical Therapy, Inc.												
3. Principal Office Address One High Street			City Wakefield	State RI	Zip 02879									
4. NAICS Code 621111		6. Brief description of the character of business conducted in Rhode Island 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 <input checked="" type="checkbox"/>														
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 <input type="checkbox"/>														
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 <input type="checkbox"/>											
			<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>29</td> <td>Common</td> <td>\$0.00</td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>			NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	29	Common	\$0.00			
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 Robert C. Marchand, M.D.					Date 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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BY

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