RI SOS Filing Number: 202101263500 Date: 9/12/2021 7:12:00 AM

State of Rhode Island
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Liability Company Annual Report

Filing Period: September 1 - November 1

In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2021

1. ID No. 001707088

2. Exact Name of the Limited Liability Company INSPIRE Physical Therapy and Wellness, LLC

3. State of Formation

State: RI

ARTICLE III

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes here. More information on NAICS can be found online.

621340

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

INSPIRE PHYSICAL THERAPY AND WELLNESS, LLC IS A MOBILE OUTPATIENT PHYSICAL THERAPY AND WELLNESS CLINIC
WORKING WITH OLDER ADULTS IN SOUTHERN RHODE ISLAND. WE USE A HOLISTIC APPROACH TO PHYSICAL THERAPY
WHICH ALLOW US TO ASSESS AND TREAT THE WHOLE BODY AND PERSON.

5. Principal Office Address

No. and Street: 19 MISQUAMICUT HILLS RD
City or Town: WESTERLY State: RI Zip: 02891-1946 Country: USA

6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:

Contact Name: DR. SHAYLA ADAMS Contact Title: DOCTOR OF PHYSICAL THERAPY/OWNER
No. and Street: 19 MISQUAMICUT HILLS RD
City or Town: WESTERLY State: RI Zip: 02891-1946 Country: USA

7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.
DO NOT LIST MEMBERS

Title	Individual Name	Address

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
MANAGER	SHAYLA RAMSEYER ADAMS	19 MISQUAMICUT HILLS RD WESTERLY, RI 02891-1946 UNI

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11

DR. SHAYLA ADAMS 19 MISQUAMICUT HILLS RD WESTERLY , RI 02891-4108

9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

Signed this 12 Day of September, 2021 at 7:14:52 AM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By SHAYLA R ADAMS
Signature of Authorized Person

Form No. 632
Revised 09/07