



State of Rhode Island
Department of State - Business Services Division

FILED

STAMP

Annual Report for the year: 2021
Limited Liability Company

OCT 28 2021

FOR SECRETARY OF STATE USE ONLY

- Filing period: September 1 - November 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by December 1.

BY 4288

1. Entity ID Number 1707224		2. Exact name of the Limited Liability Company Krista Reid PT, LLC					
3. NAICS Code 621340		4. Brief description of the character of business conducted in Rhode Island Physical Therapy					
5. State of Formation Rhode Island							
6. Principal Office Address 211 Indian Trail South				City Wakefield		State RI	Zip 02879
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person							
Contact Name Krista Reid				Contact Title Member			
Street Address 211 Indian Trail South				City Wakefield		State RI	Zip 02879
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS							
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Manager Name				Manager Name			
Street Address				Street Address			
City		State	Zip	City		State	Zip
Check the box to indicate an attachment <input type="checkbox"/>							
9. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.							
<i>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.</i>							
Name of Authorized Person Krista Reid						Date 10.18.2021	
Signature of Authorized Person <i>Krista Reid P.T.</i>							

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

MINUTES OF ANNUAL MEETING OF MEMBERS
OF
KRISTA REID PT, LLC

The annual Meeting of Members of the above-captioned Company was held on the date and at the time and place set forth in the written Waiver of Notice signed by the Member, fixing such time and place, and prefixed to the minutes of this meeting.

There was present the following member:

Krista Reid

The meeting was called to order by Krista Reid. It was moved, seconded and unanimously carried that he act as Chairman and Secretary of the meeting.

The Chairman then stated that all of the Members of the Company were represented.

Krista Reid presented the annual report and the report was accepted and ordered filed with the Rhode Island Secretary of State.

The Chairman noted that it was in order to elect members for the ensuing year. Upon nomination duly made and seconded, Krista Reid was unanimously elected to serve for the ensuing year and until his successor is elected and qualified.

Upon motion duly made and seconded, it was unanimously:

VOTED: That all the activities for and on behalf of the Company by its respective members since the last meeting of the Company, are hereby ratified and confirmed.

There being no further business to come before the meeting, upon motion duly made, seconded and unanimously carried, it was adjourned.

Mered P.T.
Krista Reid
Acting Secretary

Member:

Mered P.T.
Krista Reid

Dated: October 18, 2021

WAIVER OF NOTICE
OF
ANNUAL MEETING OF MEMBERS
OF
KRISTA REID PT, LLC

The undersigned, being the sole member of Krista Reid PT, LLC, hereby waives notice of the annual meeting of the members to be held at the office of the limited liability company at 211 Indian Trail South, Wakefield, Rhode Island 02879, on the 18 day of October, 2021, for the purpose of electing the Member for the limited liability company and transacting any other business that may properly come before said meeting.

Krista Reid P.T.

Krista Reid, Member