



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

RI DEPT OF STATE
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Annual Report for the year: 2021
Limited Liability Company

2021 NOV - 1 AM 10:18 FOR
 REC'D DEPT OF STATE
 BUS SVCS DIV

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

1. Entity ID Number 1700998		2. Exact name of the Limited Liability Company Wachusett Physical Therapy & Wellness, LLC			
3. NAICS Code 621340		4. Brief description of the character of business conducted in Rhode Island Physical Therapy			
5. State of Formation Massachusetts					
6. Principal Office Address 54 Pine Hill Avenue		City Johnston		State RI	Zip 02919
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person					
Contact Name Sarah Rheault		Contact Title			
Street Address 54 Pine Hill Avenue		City Johnston		State RI	Zip 02919
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. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.					
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 Person Sarah Rheault				Date 10-23-2021	
Signature of Authorized Person 				SIGN DOCUMENT HERE	

MAIL TO:

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

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