State	of Rhode Island	Fee: \$50.00
	he Secretary of State	r ee. \$50.00
	n Of Business Services	
	8 W. River Street ence RI 02904-2615	
	401) 222-3040	
Limited Liability Company Annual Report Filing Period: February 1 - May 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: 2022		
1. ID No. <u>001728271</u>		
2. Exact Name of the Limited Liability Company <u>Rhode Island Physical Therapy and Wellness LLC</u>		
3. State of Formation		
State: <u>RI</u>		
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.		
<u>621340</u>		
4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island		
OUTPATIENT/MOBILE PHYSICAL THERAPY SERVICES		
5. Principal Office Address		
No. and Street: <u>311 KETTLE POND DR</u>		
City or Town: WAKEFIELD	State: <u>RI</u> Zip: <u>02879</u>	Country: <u>USA</u>
6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:		
Contact Name: <u>TIMOTHY M HAITZ</u> Contact Title	e:	
No. and Street:311 KETTLE POND DRCity or Town:WAKEFIELD	State: <u>RI</u> Zip: <u>02879</u>	Country: <u>USA</u>
7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 642 - R.I.G.L. 7-16-11		
TIMOTHY M. HAITZ 311 KETTLE POND DRIVE WAKEFIELD , RI 02879		
8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).		
1		

**Signed this 11 Day of July, 2022 at 9:40:35 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 <u>TIMOTHY M HAITZ</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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