



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

FILED

JAN 25 2023

BY 1937 DS

1. Entity ID Number <u>000545215</u>		2. Exact name of the Corporation <u>CONTOLOGY PHYSICAL THERAPY LLC</u>			
3. Principal Office Address <u>5835 POST ROAD Ste: 112</u>			City <u>EAST GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>
4. NAICS Code <u>621340</u>		6. Brief description of the character of business conducted in Rhode Island <u>OUTPATIENT PHYSICAL THERAPY PRACTICE</u>			
5. State of Incorporation <u>RI</u>					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name <u>SAMANTHA FALLON</u>			Vice-President Name		
Street Address <u>218 BAYVIEW AVE</u>			Street Address		
City <u>E. GREENWICH</u>	State <u>RI</u>	Zip <u>02818</u>	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name			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"/>		
			NUMBER OF SHARES <u>0</u>	CLASS/SERIES	PAR VALUE <u>.01</u>
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 <u>SAMANTHA FALLON</u>				Date <u>1.19.2023</u>	
Signature of Authorized Representative <u>Sallan</u>					

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

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Website: www.sos.ri.gov