

Annual Report for the year: 2023 Limited Liability Company

→ Filing period: September 1 - November 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

SIEPIP					
FL	B 17-2023				
BY_	7358.				
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1. Entity ID Number 000151612	2. Exact name of the Limited Liability Company FOCUS PHYSICAL THERAPY, LLC					
3. NAICS Code	Brief description of the character of business conducted in Rhode Island					
713940	Physical therapy services					
5. State of Formation	1					
Rhode Island						
6. Principal Office Address			City	State	Zip	
85 Beach Street., Lower Level D			Westerly	RI	02891	
7. Mailing Address of Limited Lia		ny and Name oi			•	
Contact Name Janice Chamberlain			Contact Title Owner			
Street Address 85 Beach Street., Lower Level D			City Westerly	State RI	^{Zip} 02891	
8. List ALL managers (names ar	nd addresses) of the Limited		BLE - DO NOT LIST I	MEMBERS	
Manager Name			Manager Name	Manager Name		
Street Address			Street Address	Street Address		
City	State	Zip	City	State	7ip	
Manager Name			Manager Name			
Street Address			Street Address			
City	State	Z _I p	City	State	Zip	
				Check the box to it	ndicate an attachment	
Resident Agent in Rhode Islar	nd. This inform	ation is currently	of record with the Department of St	ate. Changes require filin	g Form 642.	
Under penalty of perjury, I dec statements, and that all staten				ng any accompanyin	g schedules and	
Name of Authorized Person				Date		
Signature of Authorized Person		SIGN	I 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