



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.

FEB 24 2023

119572

1. Entity ID Number 001662639		2. Exact name of the Corporation QUALITY PHYSICAL THERAPY, INC.												
3. Principal Office Address 179 MAIN STREET			City STURBRIDGE	State MA	Zip 01566									
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island WELLNESS AND INJURY PREVENTION CONSULTATION												
5. State of Incorporation MA														
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
President Name CHERYL WILBUR			Vice-President Name NONE											
Street Address 179 MAIN STREET			Street Address N/A											
City STURBRIDGE	State MA	Zip 01566	City N/A	State N/A	Zip N/A									
Secretary Name CHERYL WILBUR			Treasurer Name CHERYL WILBUR											
Street Address 179 MAIN STREET			Street Address 179 MAIN STREET											
City STURBRIDGE	State MA	Zip 01566	City STURBRIDGE	State MA	Zip 01566									
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>														
Director Name CHERYL WILBUR			Director Name NONE											
Street Address 179 MAIN STREET			Street Address N/A											
City STURBRIDGE	State MA	Zip 01566	City N/A	State N/A	Zip N/A									
Director Name NONE			Director Name NONE											
Street Address N/A			Street Address N/A											
City N/A	State N/A	Zip N/A	City N/A	State N/A	Zip N/A									
9. Shares Authorized		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>												
This information is currently of record in the Department of State. Changes require an additional filing.		<table border="1"> <thead> <tr> <th>NUMBER OF SHARES</th> <th>CLASS/SERIES</th> <th>PAR VALUE</th> </tr> </thead> <tbody> <tr> <td>100</td> <td>COMMON</td> <td>NO PAR</td> </tr> <tr> <td>N/A</td> <td>N/A</td> <td>N/A</td> </tr> </tbody> </table>				NUMBER OF SHARES	CLASS/SERIES	PAR VALUE	100	COMMON	NO PAR	N/A	N/A	N/A
		NUMBER OF SHARES	CLASS/SERIES	PAR VALUE										
		100	COMMON	NO PAR										
N/A	N/A	N/A												
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 CHERYL WILBUR				Date 2/14/2023										
Signature of Authorized Representative <i>Cheryl Wilbur</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