



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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>														
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 This information is currently of record in the Department of State. Changes require an additional filing.		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>												
		<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. <b>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.</b>														
Name of Authorized Representative CHERYL WILBUR				Date 2/14/2023										
Signature of Authorized Representative 														

## MAIL TO:

Division of Business Services

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

Phone: (401) 222-3040

Website: www.sos.ri.gov

FORM 630 - Revised: 11/2021