



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.

 MAR 31 2023
 23884
 STAMP

1. Entity ID Number 000112623		2. Exact name of the Corporation Olympic Physical Therapy & Sports Medicine, Inc.			
3. Principal Office Address 1181 Aquidneck Ave		City Middletown		State RI	Zip 02842
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island To render professional services by Physical Therapists licensed to practice in the State of Rhode Island.			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Donald H. Levine			Vice-President Name Raymond B. Reid, Jr.		
Street Address 18 High Hawk Rd			Street Address 211 S. Indian Trail		
City Portsmouth	State RI	Zip 02871	City S. Kingstown	State RI	Zip 02879
Secretary Name Raymond B. Reid, Jr.			Treasurer Name Donald H. Levine		
Street Address 211 S. Indian Trail			Street Address 18 High Hawk Rd		
City S. Kingstown	State RI	Zip 02879	City Portsmouth	State RI	Zip 02871
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					
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.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		200	Common	No par value	
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 RAYMOND BERT REID JR				Date 2/12/23	
Signature of Authorized Representative <i>[Signature]</i>					

MAIL TO:
 Division of Business Services
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 Website: www.sos.ri.gov