



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

APR 03 2023

BY

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1. Entity ID Number 89465		2. Exact name of the Corporation BRISTOL COUNTY REHABILITATION SERVICES, INC.			
3. Principal Office Address 1341 West Main Road, Suite 12			City Middletown	State RI	Zip 02842
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island Physical therapy, rehabilitation and related services			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Julie Clough			Vice-President Name Deborah Quinlan Furtado		
Street Address 1341 West Main Road, Suite 12			Street Address 485 Cedar Avenue		
City Middletown	State RI	Zip 02842	City Swansea	State MA	Zip 02777
Secretary Name Julie Clough			Treasurer Name Deborah Quinlan Furtado		
Street Address 1341 West Main Road, Suite 12			Street Address 485 Cedar Avenue		
City Middletown	State RI	Zip 02842	City Swansea	State MA	Zip 02777
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Julie Clough			Director Name Deborah Quinlan Furtado		
Street Address 1341 West Main Road, Suite 12			Street Address 485 Cedar Avenue		
City Middletown	State RI	Zip 02842	City Swansea	State MA	Zip 02777
Director Name None			Director Name None		
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 Julie Clough					Date 3/17/23
Signature of Authorized Representative <i>Julie Clough</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