



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 06 2023

BY

STAMP

1. Entity ID Number 000509404		2. Exact name of the Corporation Complete Body Physical Therapy PC	
3. Principal Office Address 1452 Bronco Highway		City Burrillville	State RI
		Zip 02830	
4. NAICS Code 621340	6. Brief description of the character of business conducted in Rhode Island Comprehensive physical therapy services, including massage therapy, certified personal training and nutrition and wellness consultation		
5. State of Incorporation RI			
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
President Name Melissa L. Escobar		Vice-President Name	
Street Address 1452 Bronco Highway		Street Address	
City Burrillville	State RI	Zip 02830	
Secretary Name Melissa L. Escobar		Treasurer Name Melissa L. Escobar	
Street Address 1452 Bronco Highway		Street Address 1452 Bronco Highway	
City Burrillville	State RI	Zip 02830	
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>			
Director Name Melissa L. Escobar		Director Name	
Street Address 1452 Bronco Highway		Street Address	
City Burrillville	State RI	Zip 02830	
Director Name		Director Name	
Street Address		Street Address	
City	State	Zip	
9. Shares Authorized 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.		10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>	
		NUMBER OF SHARES	CLASS/SERIES
		10	Common
		PAR VALUE	
		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 Melissa L. Escobar		Date 3/28/23	
Signature of Authorized Representative 			

MAIL TO:
 Division of Business Services
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 Phone: (401) 222-3040
 Website: www.sos.ri.gov