



State of Rhode Island
Department of State - Business Services Division

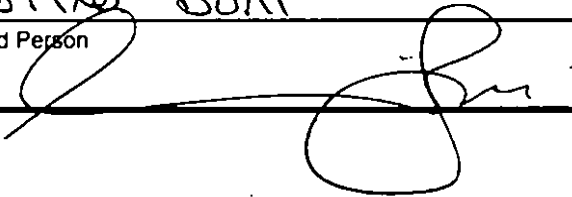
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FOR
SECRETARY OF STATE
USE ONLY

Annual Report for the year: 2023
Limited Liability Company

- Filing period: February 1 - May 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

1. Entity ID Number <u>000869919</u>		2. Exact name of the Limited Liability Company <u>Form & Function Physical Therapy and Sports Medicine LLC</u>		
3. NAICS Code <u>621340</u>		4. Brief description of the character of business conducted in Rhode Island <u>Provides physical therapy services</u>		
5. State of Formation <u>RI</u>				
6. Principal Office Address <u>250 Scrabbletown Rd, RI</u>		City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person				
Contact Name <u>Guerrino Boni</u>		Contact Title <u>President</u>		
Street Address <u>250 Scrabbletown Rd</u>		City <u>North Kingstown</u>	State <u>RI</u>	Zip <u>02852</u>
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.				
9. 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 Person <u>Guerrino Boni</u>			Date <u>12/1/23</u>	
Signature of Authorized Person 				

 FILED 232
DEC 04 2023
BY SSB

MAIL TO:

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