



State of Rhode Island  
Department of State - Business Services Division

**FILED**

Annual Report for the year: 2024

Corporation

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

BY J. Mignacca  
JAN 24 2024

1. Entity ID Number <b>00535569</b>		2. Exact name of the Corporation <b>Mignacca Physical Therapy, Ltd.</b>			
3. Principal Office Address <b>697 Willett Avenue</b>			City <b>Riverside</b>	State <b>RI</b>	Zip <b>02915</b>
4. NAICS Code <b>621340</b>		6. Brief description of the character of business conducted in Rhode Island <b>professional service corporation</b>			
5. State of Incorporation <b>Rhode Island</b>					
7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
President Name <b>Steven Mignacca</b>			Vice-President Name <b>None</b>		
Street Address <b>90 Turnstone Lane</b>			Street Address		
City <b>Seekonk</b>	State <b>MA</b>	Zip <b>02771</b>	City	State	Zip
Secretary Name <b>None</b>			Treasurer Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>					
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name <b>None</b>			Director Name <b>None</b>		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>			
This information is currently of record in the Department of State.  Changes require an additional filing.		NUMBER OF SHARES		CLASS/SERIES	PAR VALUE
		<b>8,000</b>		<b>Common</b>	<b>\$.01</b>
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 <b>Steven Mignacca</b>				Date <b>1/19/24</b>	
Signature of Authorized Representative 					