	State of Rhode Office of the Secreta		Fee: \$20.00	
	Division Of Busines	s Services		
	148 W. River S	treet		
1.00	Providence RI 029			
1030	(401) 222-30	40		
Non-Profit Corporation Annual Report Filing Period: February 1 - Ma	ay 1			
In accordance with R.I.G.L. 7 annual report within the time p penalty fee of \$25.00.				
ANNUAL REPORT YEAR - EI	NTER THE CURRENT YEAR 2	024 : <u>2024</u>		
1. Corporate ID No. 000943848				
2. Name of Corporation Performance Physical Therapy Charitable Fund				
3. State of Incorporation				
State: <u>RI</u>				
	NAICS CODE			
Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification <u>click here.</u>				
NAICS Code				
<u>813219</u>				
4. Principal Office Address				
No. and Street: <u>4 RICH</u> SUITE 2	MOND SQUARE			
City or Town: <u>PROVII</u>		te: <u>RI</u> Zip: <u>02906</u>	Country: <u>USA</u>	
5. Brief Description of the C	haracter of the Affairs Cond	ucted in Rhode Island	1	
<u>CHARITABLE</u>				
6. Names and Addresses of the Officers and Directors:				
All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.				
Title	Individual Name	Add	ress	

	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country	
PRESIDENT	MICHELLE COLLIE	4 RICHMOND SQUARE, SUITE 200 PROVIDENCE, RI 02906 USA	
SECRETARY	BRIAN HAY	4 RICHMOND SQUARE, SUITE 200 PROVIDENCE, RI 02906 USA	
TREASURER	LISA DECOSTE	4 RICHMOND SQUARE, SUITE 200 PROVIDENCE, RI 02906 USA	
DIRECTOR	LISA DECOSTE	4 RICHMOND SQUARE, SUITE 200 PROVIDENCE, RI 02906 USA	
DIRECTOR	MICHELLE COLLIE	4 RICHMOND SQUARE, SUITE 200 PROVIDENCE, RI 02906 USA	
DIRECTOR	BRIAN HAY	4 RICHMOND SQUARE, SUITE 200 PROVIDENCE, RI 02906 USA	
DIRECTOR	YVONNE SWANSON	4 RICHMOND SQUARE, SUITE 200 PROVIDENCE, RI 02906 USA	
DIRECTOR	DAVID PAVAO	4 RICHMOND SQUARE, SUITE 200 PROVIDENCE, RI 02903 USA	

7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78

RACHELLE GREEN 225 DYER STREET 2ND FLOOR PROVIDENCE , RI 02903

8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.

Signed this 1 Day of February, 2024 at 7:04:25 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By <u>RACHELLE R. GREEN, ESQ.</u> Signature of Authorized Person

Form No. 631 Revised 09/07

© 2007 - 2024 State of Rhode Island All Rights Reserved