

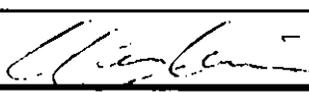


State of Rhode Island
Department of State - Business Services Division

REC'D RIDOS BSD
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AMP

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.

1. Entity ID Number 118550		2. Exact name of the Corporation Warwick Avenue Physical Therapy, Inc.			
3. Principal Office Address 1030 Warwick Avenue			City Warwick	State RI	Zip 02874
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island Physical therapy services, any ancillary purposes, and all other lawful purposes.			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name Matthew L. Smith			Vice-President Name		
Street Address 1030 Warwick Avenue			Street Address		
City Warwick	State RI	Zip 02874	City	State	Zip
Secretary Name Matthew L. Smith			Treasurer Name Matthew L. Smith		
Street Address 1030 Warwick Avenue			Street Address 1030 Warwick Avenue		
City Warwick	State RI	Zip 02874	City Warwick	State RI	Zip 02874
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Matthew L. Smith			Director Name		
Street Address 1030 Warwick Avenue			Street Address		
City Warwick	State RI	Zip 02874	City	State	Zip
Director Name			Director Name		
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		PAR VALUE
			100		Common Shares \$5.00 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.					
<i>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.</i>					
Name of Authorized Representative Matthew L. Smith				Date 1/24/2024	
Signature of Authorized Representative 				FILED	

MAIL TO:
Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED
FEB 05 2024
BY ML 7076