



Department of State - Business Services Division

Annual Report for the year: 2024
 Corporation _____

FILED STAMP
 APR 01 2024
 BY *[Signature]*

- 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 000062695		2. Exact name of the Corporation NORTHERN RHODE ISLAND PHYSICAL THERAPY, INC.			
3. Principal Office Address 1 GARNETT LANE		City GREENVILLE		State RI	Zip 02828
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island PHYSICAL THERAPY PRACTICE			
5. State of Incorporation RI					
7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
President Name AMANDA KEEGAN			Vice-President Name ANDREA ROSS		
Street Address 1 GARNETT LANE			Street Address 1 GARNETT LANE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
Secretary Name AMANDA KEEGAN			Treasurer Name ANDREA ROSS		
Street Address 1 GARNETT LANE			Street Address 1 GARNETT LANE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name AMANDA KEEGAN			Director Name ANDREA ROSS		
Street Address 1 GARNETT LANE			Street Address 1 GARNETT LANE		
City GREENVILLE	State RI	Zip 02828	City GREENVILLE	State RI	Zip 02828
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	CLASS/SERIES	PAR VALUE
			200	COMMON	1.00
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 AMANDA KEEGAN				Date 3/26/24	
Signature of Authorized Representative <i>[Signature]</i>					