



State of Rhode Island
Office of the Secretary of State

Fee: \$50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Limited Partnership
Annual Report

Filing Period: February 1 - May 1

In accordance with R.I.G.L. 7-13.1-212(e), each partnership failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-13-212(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR - **ENTER THE CURRENT YEAR 2024:** 2024

1. ID No. 001765565

2. Exact Name of the Partnership Ausletic Rehab Hub LP

3. State of Formation

State: RI

NAICS CODE

Enter the six digit NAICS Code that best describes the primary business conducted by the entity. Download the list of codes [here](#). More information on [NAICS](#) can be found online.

621340

4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island

CASH BASED PHYSICAL THERAPY AND WELLNESS SERVICES

5. Principal Office Address

No. and Street: 45 REBECCA STREET

City or Town: COVENTRY

State: RI Zip: 02816 Country: USA

6. The name and business address of each general partner is:

An amendment is required to record a change in general partner(s) - use Form 301 (domestic) or Form 351 (Foreign)

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PARTNER	LAUREN E LAPIERRE	45 REBECCA ST COVENTRY, RI 02816 USA
PARTNER	JORDAN P MADIGAN	45 REBECCA ST COVENTRY, RI 02816 USA

7. This report must be executed by a General Partner or by an Authorized Representative pursuant to R.I.G.L. 7-13.1-203.

Signed this 19 Day of April, 2024 at 10:24:40 AM 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 partnership, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-13.1*

By LAUREN LAPIERRE
Signature of Authorized Person

Form No. 643
Revised 10/23

© 2007 - 2024 State of Rhode Island
All Rights Reserved