



**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 Liability Company  
Annual Report**

Filing Period: February 1 - May 1

*In accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00.*

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

1. ID No. 001707088

2. Exact Name of the Limited Liability Company INSPIRE Physical Therapy and Wellness, LLC

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

INSPIRE PHYSICAL THERAPY AND WELLNESS PROVIDES OUTPATIENT PHYSICAL THERAPY, OCCUPATIONAL THERAPY AND WELLNESS SERVICES IN THE HOME FOR ADULTS IN RHODE ISLAND AND SOUTHEASTERN CONNECTICUT. SPECIALTY PROGRAMS INCLUDE POWERUP TO PARKINSONS, URBAN POLING AND JOINT WORKS. WE ARE A MEDICARE PART B PROVIDER AND OFFER CONCIERGE OPTIONS.

5. Principal Office Address

No. and Street: 19 MISQUAMICUT HILLS RD

City or Town: WESTERLY

State: RI Zip: 02891-1946 Country: USA

**6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:**

Contact Name:      Contact Title:

No. and Street: 19 MISQUAMICUT HILLS RD

City or Town: WESTERLY

State: RI    Zip: 02891-1946    Country: USA

**7. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER  
Changes Require Filing of Form 642 - R.I.G.L. 7-16-11**

DR. SHAYLA ADAMS 19 MISQUAMICUT HILLS RD WESTERLY , RI 02891-4108

**8. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).**

**Signed this 22 Day of April, 2024 at 10:07:02 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 § 7-16.*

By SHAYLA ADAMS

Signature of Authorized Person

Form No. 632  
Revised 09/07

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