



**State of Rhode Island
Department of State - Business Services Division**

MAY 07 2024

534202

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 126777 | | 2. Exact name of the Corporation Specialized Orthopedic Physical Therapy, Inc. | | | |
| 3. Principal Office Address 250A Centerville Road | | | City Warwick | State RI | Zip 02886 |
| 4. NAICS Code 521340 | | 6. Brief description of the character of business conducted in Rhode Island To perform all aspects of physical therapy including but not limited to general orthopedic to general sports medicine. | | | |
| 5. State of Incorporation Rhode Island | | | | | |
| 7. List ALL officers (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| President Name Jason M. Ulisse | | | Vice-President Name Jason M. Ulisse | | |
| Street Address 212 Wilbur Way | | | Street Address 212 Wilbur Way | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| Secretary Name Jason M. Ulisse | | | Treasurer Name Jason M. Ulisse | | |
| Street Address 212 Wilbur Way | | | Street Address 212 Wilbur Way | | |
| City North Kingstown | State RI | Zip 02852 | City North Kingstown | State RI | Zip 02852 |
| 8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/> | | | | | |
| Director Name | | | Director Name | | |
| Street Address | | | Street Address | | |
| City | State | Zip | 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 | | CLASS/SERIES | |
| | | PAR VALUE | | | |
| | | 100 | common | no 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. | | | | | |
| 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. | | | | | |
| Name of Authorized Representative Jason M. Ulisse | | | | | Date 4/29/24 |
| Signature of Authorized Representative <i>Jason Ulisse</i> | | | | | |