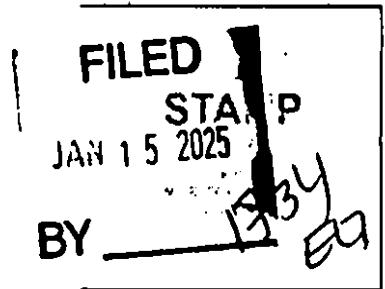




State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2025
Limited Liability Company

- 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 000503949		2. Exact name of the Limited Liability Company Charlestown Physical Therapy and Health Services LLC	
3. NAICS Code 621340		4. Brief description of the character of business conducted in Rhode Island Provide Physical Therapy and Health Services to the general public and any other related services not inconsistent therewith.	
5. State of Formation RI			
6. Principal Office Address 3939 Old Post Rd		City Charlestown	State RI
Zip 02813			
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name Sara Michaud		Contact Title Owner	
Street Address 150 Botka Dr		City Charlestown	State RI
Zip 02813			
8. The Resident Agent information currently of record with the RI Department of State is accurate. Changes require filing Form 642.			
9. 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 Person Sara Michaud		Date 01/13/2025	
Signature of Authorized Person <i>Sara Michaud</i>			

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