



**State of Rhode Island  
Office of the Secretary of State**

**Fee: \$20.00**

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

**Non-Profit Corporation  
Annual Report**

*Filing Period: February 1 - May 1*

*In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR - ENTER THE CURRENT YEAR 2025:** 2025

**1. Corporate ID No.** 000026382

**2. Name of Corporation** AMERICAN PHYSICAL THERAPY ASSOCIATION, RHODE ISLAND CHAPTER

**3. State of Incorporation**

State: RI

**NAICS CODE**

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

813920

**4. Principal Office Address**

No. and Street: 89 STRATHMORE ROAD  
C/O WENDY FOX

City or Town: CRANSTON

State: RI

Zip: 02905

Country: USA

**5. Brief Description of the Character of the Affairs Conducted in Rhode Island**

REPRESENTING THE NEEDS AND INTERESTS OF RHODE ISLAND AREA PHYSICAL THERAPISTS

**6. Names and Addresses of the Officers and Directors:**

**All Directors and Officers must be listed individually. The number of DIRECTORS of a Rhode Island Corporation shall not be less than 3.**

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	TRACY GANNON	57 MYRTLE AVE WARWICK, RI 02886-3111 US
TREASURER	PAUL ULLUCCI	572 OLD SOMERSET AVE NORTH DIGHTON,, MA 02764-1824 USA
SECRETARY	KENNETH VINACCO	30 SCHOOL STREET NORTH KINGSTOWN, RI 02852 US
VICE PRESIDENT	JENNIFER HURRELL	158A INDIGO POINT RD WAKEFIELD, RI 02879-6156 USA
DIRECTOR	ERIN SAYLES	21 DIVISION STREET PAWTUCKET, RI 02860 US
DIRECTOR	JOSHUA CLARE	40 SILVER SPRING RD NORTH KINGSTOWN,, RI 02852-5913 US
DIRECTOR	KRISTIN BROWN	3 RUSTWOOD DR BARRINGTON,, RI 02806-3214 US

**7. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER**  
**Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

KIM ROUILLIER 52 DEWBERRY LANE WAKEFIELD , RI 02879

**8. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver, or Trustee.**

**Signed this 6 Day of February, 2025 at 10:31:05 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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.***

By TAMARA PAOLANGELI  
Signature of Authorized Person

Form No. 631  
Revised 09/07