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State of Rhode Island
Department of State - Business Services Division

FILED AMP
FEB 24 2025
BY

Annual Report for the year: 2025
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	2. Exact name of the Corporation
001694430	ProCare Physical Therapy, Inc.

3. Principal Office Address	City	State	Zip
588 Pawtucket Avenue	Pawtucket	RI	02860

4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island
621340	Physical Therapy Services
5. State of Incorporation	
Rhode Island	

7. List ALL officers (names and addresses) — Check the box to indicate an attachment ☐

President Name	Vice-President Name
Stephanie Ryan	Alisha Carr
Street Address: 1 Strathmore Place	Street Address: 860 Laten Knight Road
City: Cranston, State: RI, Zip: 02920	City: Cranston, State: RI, Zip: 02921
Secretary Name: Celeste Ruggieri-Jones	Treasurer Name: Michael Bigney
Street Address: 104 John Scott Lane	Street Address: 10 Linden Drive
City: North Kingstown, State: RI, Zip: 02852	City: Providence, State: RI, Zip: 02906

8. List ALL directors (names and addresses) — Check the box to indicate an attachment ☐

Director Name	Director Name
Stephanie Ryan	Alisha Carr
Street Address: 1 Strathmore Place	Street Address: 860 Laten Knight Road
City: Cranston, State: RI, Zip: 02920	City: Cranston, State: RI, Zip: 02921
Director Name: Celeste Ruggieri-Jones	Director Name: Michael Bigney
Street Address: 104 John Scott Lane	Street Address: 10 Linden Drive
City: North Kingstown, State: RI, Zip: 02852	City: Providence, State: RI, Zip: 02906

9. Shares Authorized

This information is currently of record in the Department of State.

Changes require an additional filing.

10. Shares Issued — Check the box to indicate an attachment ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
2000	Common	No Par

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	Date
Celeste Ruggieri-Jones	2/6/2025

Signature of Authorized Representative

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

FORM 630- Revised: 12/2023