



State of Rhode Island

Department of State - Business Services Division

FILED

Annual Report for the year: 2025
Corporation

APR 02 2025

→ Filing period: February 1 - May 1

→ Filing Fee: \$50.00

→ Penalty: Additional \$25.00 fee if form is not filed by May 31.

BY 10673

1. Entity ID Number 76449		2. Exact name of the Corporation Sport & Spine Physical Therapy, Inc.			
3. Principal Office Address 328 Cowesett Avenue			City West Warwick	State RI	Zip 02893
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island General physical therapy			
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 Colleen S. McGloin			Vice-President Name Elaine R. Crellin		
Street Address 26 East Gate Drive			Street Address 26 Christine Drive		
City Warwick	State RI	Zip 02886	City Barrington	State RI	Zip 02806
Secretary Name Colleen S. McGloin			Treasurer Name Elaine R. Crellin		
Street Address 26 East Gate Drive			Street Address 26 Christine Drive		
City Warwick	State RI	Zip 02886	City Barrington	State RI	Zip 02806
8. List ALL directors (names and addresses) Check the box to indicate an attachment <input type="checkbox"/>					
Director Name Colleen S. McGloin			Director Name Elaine R. Crellin		
Street Address 26 East Gate Drive			Street Address 26 Christine Drive		
City Warwick	State RI	Zip 02886	City Barrington	State RI	Zip 02806
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized 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.			10. Shares Issued Check the box to indicate an attachment <input type="checkbox"/>		
			NUMBER OF SHARES 200	CLASS/SERIES Common	PAR VALUE 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 Colleen S. McGloin				Date 3/18/2025	
Signature of Authorized Representative 					

MAIL TO:

Division of Business Services

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