State of Rhode Island
Department of State - Business Services Division

FILED
APR 02 2025
BY 10673

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		
76449	Sport & Spine Physical Therapy, Inc.		
3. Principal Office Address	City	State	Zip
328 Cowesett Avenue	West Warwick	RI	02893
4. NAICS Code	6. Brief description of the character of business conducted in Rhode Island		
621340	General physical therapy		
5. State of Incorporation			
Rhode Island			

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

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 ☐

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

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
200	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: Colleen S. McGloin

Date: 3/18/2025

Signature of Authorized Representative: Colleen S. McGloin

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: 11/2021