r				I			
		Rhode Island Secretary of Sta	te	Fee: \$50.00			
		Business Services					
		7. River Street					
		e RI 02904-2615					
1630	(401	.) 222-3040					
Foreign Business Corpo Annual Report	oration						
Filing Period: February 1 - N	lay 1						
In accordance with R.I.G.L.	7-1.2-1501(e), each co	prporation failing or i	efusing to				
file its annual report within thirty (30) days after the time prescribed by law							
(R.I.G.L. 7-1.2-1501(c&d)) is	s subject to a penalty f	ee of \$25.00.					
ANNUAL REPORT YEAR -	ENTER THE CURRENT	YEAR <b>2025</b> : <u>2025</u>	<u>.</u>				
1. Corporate ID No. <u>00</u>	<u>1757223</u>						
2. Name of Corporation $\underline{I}$	VYREHAB Network,	Inc.					
3. Street Address Principa	al Business Office:						
No. and Street: <u>1311 MAN</u>	AARONECK AVENI	UE, SUITE					
140		<u>, , , , , , , , , , , , , , , , , , , </u>					
City or Town: WHITE PI	LAINS	State	: <u>NY</u> Zip: <u>10605</u> Cour	ntry: USA			
4. Business Phone No.							
<u>(914) 777-8700</u>							
5. State of Incorporation							
State: <u>DE</u>							
	NAIC	S CODE					
Enter the six digit NAICS C Download the list of codes			•	ntity.			
<u>621340</u>							
6. Brief Description of the	Character of Busines	s Conducted in Rhc	de Island				
MANAGING THE ADM	INISTRATION OF C	OFFICES FOR PHY	SICAL THERAPY,	<u>.</u>			
OCCUPATIONAL							
THERAPY, SPEECH TH	ERAPY AND REHA	BILITATION SERV	VICES AND/OR PRO	OVIDING			
PHYSICAL							
THERAPY, OCCUPATION	<u>ONAL THERAPY, SF</u>	PEECH THERAPY	AND REHABILITA	TION			
SERVICES.							

#### 7. Names and Addresses of the Officers and Directors:

## All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
CHIEF COMPLIANCE OFFICER GENERAL COUNSEL SECRETARY	DAVID ZABELL	1311 MAMARONECK AVENUE, SUITE 140 WHITE PLAINS, NY 10605 USA
DIRECTOR, CFO	JEREMY KUNICKI	1311 MAMARONECK AVENUE, SUITE 140 WHITE PLAINS, NY 10605 USA
DIRECTOR, CEO	MICHAEL A. RUCKER	1311 MAMARONECK AVENUE, SUITE 140 WHITE PLAINS, NY 10605 USA

## 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized	Total Issued and Outstanding
			Shares Number of Shares	Num of Shares
CWP		\$0.0100	1,000.00	0

#### 9. 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.

**Signed this 25 Day of April, 2025 at 8:23:58 AM.** *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 corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.* 

# By DAVID ZABELL

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

© 2007 - 2025 State of Rhode Island All Rights Reserved