



State of Rhode Island  
Department of State - Business Services Division

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.

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BUS. SERVICES  
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|  |              |   |                                   |              |                  |
|--|--------------|---|-----------------------------------|--------------|------------------|
| 1. Entity ID Number<br>001662639   |              | 2. Exact name of the Corporation<br>QUALITY PHYSICAL THERAPY, INC.  |                                   |              |                  |
| 3. Principal Office Address<br>179 MAIN STREET   |              |   | City<br>STURBRIDGE                | State<br>MA  | Zip<br>01566     |
| 4. NAICS Code<br>621340  |              | 6. Brief description of the character of business conducted in Rhode Island<br>WELLNESS AND INJURY PREVENTION CONSULTATION. |                                   |              |                  |
| 5. State of Incorporation<br>MA  |              |   |                                   |              |                  |
| 7. List ALL officers (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>   |              |   |                                   |              |                  |
| President Name<br>CHERYL WILBUR  |              |   | Vice-President Name<br>NONE       |              |                  |
| Street Address<br>179 MAIN STREET  |              |   | Street Address<br>N/A             |              |                  |
| City<br>STURBRIDGE   | State<br>MA  | Zip<br>01566  | City<br>N/A                       | State<br>N/A | Zip<br>N/A       |
| Secretary Name<br>CHERYL WILBUR  |              |   | Treasurer Name<br>CHERYL WILBUR   |              |                  |
| Street Address<br>179 MAIN STREET  |              |   | Street Address<br>179 MAIN STREET |              |                  |
| City<br>STURBRIDGE   | State<br>MA  | Zip<br>01566  | City<br>STURBRIDGE                | State<br>MA  | Zip<br>01566     |
| 8. List ALL directors (names and addresses) <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>  |              |   |                                   |              |                  |
| Director Name<br>CHERYL WILBUR   |              |   | Director Name<br>NONE             |              |                  |
| Street Address<br>179 MAIN STREET  |              |   | Street Address<br>N/A             |              |                  |
| City<br>STURBRIDGE   | State<br>MA  | Zip<br>01566  | City<br>N/A                       | State<br>N/A | Zip<br>N/A       |
| Director Name<br>NONE  |              |   | Director Name<br>NONE             |              |                  |
| Street Address<br>N/A  |              |   | Street Address<br>N/A             |              |                  |
| City<br>N/A  | State<br>N/A | Zip<br>N/A  | City<br>N/A                       | State<br>N/A | Zip<br>N/A       |
| 9. Shares Authorized   |              | 10. Shares Issued <span style="float: right;">Check the box to indicate an attachment <input type="checkbox"/></span>       |                                   |              |                  |
| This information is currently of record in the Department of State.<br><br>Changes require an additional filing.   |              | NUMBER OF SHARES CLASS/SERIES PAR VALUE   |                                   |              |                  |
|  |              | 100   | COMMON                            | NO PAR       |                  |
|  |              | N/A   | N/A                               | N/A          |                  |
| 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.<br><b>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.</b> |              |   |                                   |              |                  |
| Name of Authorized Representative<br>CHERYL WILBUR   |              |   |                                   |              | Date<br>✓ 6/5/25 |
| Signature of Authorized Representative<br>✓ Cheryl Wilbur  |              |   |                                   |              |                  |

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

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