State of Rhode Island
Department of State - Business Services Division

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STAMP

Certificate of Correction

DOMESTIC or FOREIGN Business Corporation

→ Filing Fee: $50.00

Pursuant to the provisions of RIGL 7-1.2-105 the undersigned corporation hereby submits the following Certificate of Correction:

1. Entity ID Number:	2. The name of the corporation is:
001787828	Force In Motion Therapy Inc.

3. The document to be corrected is:	4. The date the document being corrected was originally filed:
Articles of Incorporation	3/26/2025

5. Specify the inaccurate record of the corporate action or the defective or erroneous execution, seal or acknowledgment:

This corporation is a physical therapy business in accordance with RIGL 7-5.1-2 Professional Service Corporations.

Check the box to indicate an attachment ☐

6. The new corrected portion of the document states as follows:

Article 2. The profession to be practiced through the professional service corporation is:
RIGL 7-5.1-2 (xiii) Physical Therapists

Check the box to indicate an attachment ☐

7. The corrected document ***MUST*** be attached to this certificate.

8. As required by RIGL 7-1.2-105, the entity has paid all fees and taxes.

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

FILED
JUN 25 2025
10:04
BY

FORM 113 - Revised: 12/2023

9. Under penalty of perjury, I declare and affirm that I have examined this Certificate of Correction, including any accompanying attachments, and that all statements contained herein are true and correct.
Type or Print Name of Authorized Officer of the Corporation MATTHEW DELIA Matthew DiElia — Date: 6/17/2025
Signature of Authorized Officer of the Corporation

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

State of Rhode Island
Department of State - Business Services Division

Articles of Incorporation

Professional Service Corporation

→ Filing Fee: $230.00 minimum

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The undersigned acting as incorporator(s) of a professional service corporation under RIGL 7-5.1 and 7-1.2, adopt(s) the following Articles of Incorporation for such corporation:

1. The name of the corporation is:

Force In Motion Therapy Inc.

☑ Check if this a close corporation pursuant to RIGL 7-1.2-1701 of the General Laws, 1956, as amended.

2. The profession to be practiced through the professional service corporation is:

RIGL 7-5.1-2 (xiii) Physical Therapists

3. The total number of shares which the corporation has the authority to issue is:

(Unless otherwise stated, all authorized shares are deemed to have a nominal or par value of $0.01 per share.)

Total Authorized Shares (Number of Shares)	***Class of Stock***	***Par Value Per Share***
1,000	COMMON	NO PAR VALUE

If you desire, you may include a statement of all or any of the designations and the power, preferences, and rights, including voting rights, and the qualifications, limitations, or restrictions of them which are permitted by the provisions of RIGL 7-1.2. State any provisions here *(optional)*

Check the box to indicate an attachment ☑

4. The name and address of the initial registered agent/office in Rhode Island is:

Agent Name: PPA, LLP

Street Address (NOT a P.O. Box): 469 CENTERILLE RD, STE 203

City/Town	State	Zip Code
WARWICK	**RHODE ISLAND**	02886

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

STAMP

5. The corporation shall have perpetual existence until dissolved or terminated in accordance with RIGL 7-1.2.

6. Additional provisions, if any, not inconsistent with RIGL 7-1.2 which the incorporators elect to have set forth in these Articles of Incorporation:

Check the box to indicate an attachment ☑

7. The name and address of each incorporator is:

Name MATTHEW DELIA	Address 148 ATWOOD AVENUE #1037	
City/Town CRANSTON	State RI	Zip Code 02920
Name	Address	
City/Town	State	Zip Code
Name	Address	
City/Town	State	Zip Code

8. Date when these Articles of Incorporation will be effective: **CHECK ONE BOX ONLY**

☑ Date received (Upon filing)

☐ Later effective date (Date must be no more than 90 days from the date of filing) _____

9. Under penalty of perjury, I/we declare and affirm that I/we have examined these Articles of Incorporation, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of Incorporator MATTHEW DELIA	Date 6/17/2025
Signature of Incorporator Matthew D'Elia	
Type or Print Name of Incorporator	Date
Signature of Incorporator	
Type or Print Name of Incorporator	Date
Signature of Incorporator	

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email corporations@sos.ri.gov.

ARTICLE 3

THIS CORPORATION SHALL HAVE ONE CLASS OF STOCK DESIGNATED AS COMMON STOCK, WITH EACH SHARE HAVING EQUAL RIGHTS TO VOTING AND DISTRIBUTION OF ASSETS UPON DISSOLUTION. NO SHARES SHALL HAVE SPECIAL DESIGNATIONS, PREFERENCES, OR RESTRICTIONS. THE BOARD OF DIRECTORS SHALL HAVE THE AUTHORITY TO ISSUE AND ALLOCATE SHARES AS NECESSARY IN ACCORDANCE WITH RHODE ISLAND LAW.

ARTICLE 6

NO DIRECTOR OR OFFICER OF THE CORPORATION SHALL BE HELD PERSONALLY LIABLE FOR THE DEBTS, OBLIGATIONS, OR LIABILITIES OF THE CORPORATION IN THE FULLEST EXTENT PERMITTED BY LAW. THE CORPORATION SHALL INDEMNIFY AND HOLD HARMLESS ITS DIRECTORS AND OFFICERS FROM ANY CLAIMS, LIABILITIES, OR EXPENSES INCURRED IN CONNECTION WITH THEIR CORPORATE DUTIES, TO THE FULLEST EXTENT PERMITTED BY RHODE ISLAND LAW

Department of Health

Three Capitol Hill
Providence, RI 02908-5097

health.ri.gov

MATTHEW P DELIA
1320 ATWOOD AVENUE
JOHNSTON RI 02919

Please find your license card attached below indicating your license type, license number and expiration date. Report any change of Email address or mailing address immediately to your licensing Board or email doh.elicense@health.ri.gov

Information about your license Board and profession may be found on the Department's Web Site: https://health.ri.gov.

State of Rhode Island
https://health.ri.gov

MATTHEW P DELIA

Physical Therapist

PT02997 expires 05/01/2026

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 04/14/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER

CM&F Group
5 Bryant Park, 4th Floor
New York, NY 10018

INSURED

Matthew DElia
1320 ATWOOD AVE
JOHNSTON, RI02919

CONTACT NAME: CM&F Group
PHONE (A/C, No, Ext): 1-800-221-4904 FAX (A/C, No):
E-MAIL ADDRESS: info@cmfgroup.com

INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A:	MEDICAL PROTECTIVE COMPANY- MPC	11843
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY	X		VE5832	04/21/2025	04/21/2026	EACH OCCURRENCE	$ 1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$ 100,000
							MED EXP (Any one person)	$
							PERSONAL & ADV INJURY	$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER						GENERAL AGGREGATE	$ 3,000,000
	X POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$ 3,000,000
	OTHER							$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	$
	ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	HIRED AUTOS ONLY / NON OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
	UMBRELLA LIAB / OCCUR						EACH OCCURRENCE	$
	EXCESS LIAB / CLAIMS-MADE						AGGREGATE	$
	DED / RETENTION $							$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE / OTHER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N / N/A						E.L. EACH ACCIDENT	$
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$
							E.L. DISEASE - POLICY LIMIT	$
A	Professional Liability	X		VE5832	04/21/2025	04/21/2026	Per Incident	1,000,000
							Aggregate	6,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Occurrence Coverage
Physical Therapist

Additional Insured for the Type(s) of Insurance marked with an "X" above
Force In Motion Therapy Inc.
148 Atwood Avenue #1037
Cranston, Rhode Island02920

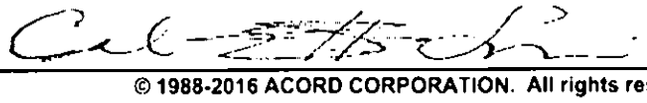
CERTIFICATE HOLDER

Force In Motion Therapy Inc
148 Atwood Avenue #1037
Cranston,Rhode Island02920

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



State of Rhode Island
Department of State | Office of the Secretary of State
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, Secretary of State of the State of Rhode Island, hereby certify that this document, duly executed in accordance with the provisions of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this office on this day:

June 25, 2025 10:04 AM

Gregg M. Amore
Secretary of State