

A. Ralph Mollis, Secretary of State Corporations Division 148 W. River Street Providence, RI 02904-2615 401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2010

Filing Period: January 1 - March 1 • Filing Fee: \$50.00 • • THIS REPORT MUST BE TYPED OR PRINTED LEGIBLY IN BLACK INK

* In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing 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 subject to a penalty fee of \$25.00.

1. Corporate ID No. 130459		2. Name of Corporation Ocean State Physical Therapy, Inc.				
3. Street Address Principal Business Office 400 Bald Hill Road, Suite 502		City Warwick	State RI	7ip 02886		
4. Business Phone No. 737-3934		5. State of Incorporation Rhode Island				
General business	Character of Business Cona of physical therapy					
7. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTA President Name Cheryl D. Picard			ACHMENT)			
Street Address 400 Bald Hill Road, Suite 502						
City Warwick	State RI	^{Zip} 02886	City Warwick	State RI	^{Zip} 02886	
Secretary Name Frank L. Frausto, Jr.			Treasurer Name Cheryl D. Picard			
Street Address 400 Bald Hill Roa			Street Address 400 Bald Hill Ro	oad, Suite 502	C.	
Warwick	State RI	02886	City Warwick	State RI	3Zip 02886	
8. NAMES AND ADD Director Name	RESSES OF THE DIRI	ECTORS: ("X" BOX FOR AT	FACHMENT) □ FI Director Name	ILL IN SPACES BEFOR	E USING ATTACHMENTS	
Street Address			Street Address		<u> </u>	
City	State	Zip	City	State	N Zipin	
Director Name			Director Name			
Street Address			Street Address			
City	State	Zip	City	State	Zip	
9. SHARES AUTHOR	RIZED: ("X" BOX FOR	ATTACHMENT) 🗆	i .	UED: ("X" BOX FOR AT SECTION MUST BE COMPLETED		
This information is currently of record in the Office of the Secretary of State. Changes require an additional filing. See Section 9 of instruction sheet.			Number of Shares	Class/Series	Par Value	
			200 shares comm	on stock of \$1.00 par v	/alue	
his report must be ex	FILED EB 25 2010	e corporation by the receive	r or trustee. Under penalty of pe	erjury, I declare and affirm to mpanying schedules and street true and correct.	that I have examined this report, atements, and that all statements	
FOR SECRETARY OF STATE USE ONLY			President Title			
			inte		Form 630 Rev. 12/0	