	State of Rhode	Island	Fee: \$50.00
Of	fice of the Secreta		
	Division Of Busines		
	148 W. River S		
HOPE	Providence RI 029 (401) 222-30		
Foreign Business Corporation	()		
Annual Report			
Filing Period: February 1 - May 1			
In accordance with R.I.G.L. 7-1.2-150			
file its annual report within thirty (30) ((R.I.G.L. 7-1.2-1501(c&d)) is subject to			
ANNUAL REPORT YEAR: 2022			
1. Corporate ID No. <u>000104190</u>			
2. Name of Corporation Community	Therapeutix, P.C.		
3. Street Address Principal Busines	s Office:		
No. and Street: <u>601B BROAD S</u>	STREET		
City or Town: <u>NEW LONDON</u>	<u>J</u> State	: <u>CT</u> Zip: <u>06320</u>	Country: <u>USA</u>
4. Business Phone No.			
<u>860-848-9157</u>			
5. State of Incorporation			
State: <u>CT</u>			
	ARTICLE III		
Enter the six digit NAICS Code that be Download the list of codes <u>here.</u> More	•	•	
<u>621340</u>			
6. Brief Description of the Character	of Business Conduc	cted in Rhode Island	
PROFESSIONAL OCCUPATIONA	<u>L AND PHYSICAL</u>	THERAPY SERVIC	<u>ES.</u>
7. Names and Addresses of the Offi	cers and Directors:		
All officers and directors must be	listed.		
	ndividual Name	Addr	
Fir	st, Middle, Last, Suffix	Address, City or Town, S	tate, ∠ip Code, Country

PRESIDENT	KATHLEEN STEL		601B BROAD STREET NEW LONDON, CT 06320 USA		
Shares Authorized and	Issued				
Class of Stock	Series of Stock	Par Value Per		Total Issue and	
		Share	Total Authorized Shares Number of Shares	Outstandin Num of Shares	

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 July, 2022 at 11:49:56 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 SHARON MUELLER

Signature of Authorized Representative of the Corporation

Form No. 630 Revised 09/07

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