



State of Rhode Island
Department of State - Business Services Division

Annual Report for the year: 2023
Corporation

- Filing period: February 1 - May 1
- Filing Fee: \$50.00
- Penalty: Additional \$25.00 fee if form is not filed by May 31.

RECEIVED
 RI DEPT. OF STATE
 BUS SVCS DIV
 2023 MAR 15 P 12:06

1. Entity ID Number 000041926		2. Exact name of the Corporation Rhode Island Rehabilitation Institute, Inc.			
3. Principal Office Address 721 Reservoir Avenue			City Cranston	State RI	Zip 02910
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island TO PROVIDE PHYSICAL THERAPY AND OTHER MEDICAL REHABILITATION SERVICES			
5. State of Incorporation Rhode Island					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Henry Sisson			Vice-President Name		
Street Address 721 Reservoir Avenue			Street Address		
City Cranston	State RI	Zip 02910	City	State	Zip
Secretary Name			Treasurer Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
9. Shares Authorized		10. Shares Issued			
This information is currently of record in the Department of State. Changes require an additional filing.		Check the box to indicate an attachment <input type="checkbox"/>			
		NUMBER OF SHARES 4,000.00	CLASS/SERIES CNP	PAR VALUE \$0.00	
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.					
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.					
Name of Authorized Representative DANIEL S. KADZAN					Date 03/14/23
Signature of Authorized Representative <i>[Signature]</i> AUTHORIZED SIGNATORY					FILED Rob

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

MAR 15 2023
 BY SR14M
 FORM 630 - Revised: 11/2021