



State of Rhode Island

Department of State - Business Services Division

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SECRETARY OF STATE
R.I. DEPT. OF STATE
BUS SVCS DIV

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.

2023 MAY -2 P 12:39

1. Entity ID Number 000144809		2. Exact name of the Corporation Foundation Performance, Inc.			
3. Principal Office Address 45 Chapin Road			City Barrington	State RI	Zip 02806
4. NAICS Code 621340		6. Brief description of the character of business conducted in Rhode Island Provide physical therapy			
5. State of Incorporation RI					
7. List ALL officers (names and addresses)					Check the box to indicate an attachment <input type="checkbox"/>
President Name Michael J. Silva			Vice-President Name Carla B. Silva		
Street Address 45 Chapin Road			Street Address 45 Chapin Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
Secretary Name Michael J. Silva			Treasurer Name Michael J. Silva		
Street Address 45 Chapin Road			Street Address 45 Chapin Road		
City Barrington	State RI	Zip 02806	City Barrington	State RI	Zip 02806
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	CLASS/SERIES	PAR VALUE	
		100 Common with 0.01 Par			
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.					
<i>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.</i>					
Name of Authorized Representative Michael J. Silva				Date 3-14-23	
Signature of Authorized Representative 				FILED 1239 MAY 02 2023 BY 2279	

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